

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV -3 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H99647**

1. Corporation Name

Law Offices of Douglas H. Glicker, P.A.

2. Principal Office Address

1344 W. COLONIAL DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip
32804

Country
USA

3. Mailing Office Address

1344 W. COLONIAL DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip
32804

Country
USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-17-86

5. FEI Number

59-2635769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

DOUGLAS GLICKER

Street Address (P.O. Box Number is Not Acceptable)

1344 W. COLONIAL DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Douglas H. Glicker

Date **11-2-06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DOUGLAS H. GLICKER	1344 W. COLONIAL DR	ORLANDO FL 32804
D	DAVID S. GLICKER	110 E CONCORD ST	ORLANDO FL 32801

500081488465

11/03/06--01030--015 **1500.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Douglas H. Glicker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-2-06

Daytime Phone #

407 872 3300