

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 14 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *KD1500*

1. Corporation Name

D. Gladis Company, Inc.

2. Principal Office Address

101 South State Rd. 7

Suite, Apt. #, etc.

3. Mailing Office Address

101 South State Road 7

Suite, Apt. #, etc.

City & State

Margate

City & State

Florida

Zip

33068

Country

USA

Zip

33068

Country

USA

REINSTATEMENT

00-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1987

5. FEI Number

650011222

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

Gladis, Donald

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

101 South State Road 7

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33068

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

[Signature]

Date *2/22/05*

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
	<i>X</i>		<i>000048847630</i>
	<i>X</i>		<i>03/22/05--01026--018 **1500.00</i>
	<i>X</i>		
<i>PRES</i>	<i>DONALD GLADIS</i>	<i>9830 N.W. 45 St</i>	<i>CORAL SPRINGS, FLA 33065</i>
<i>TREAS.</i>			
<i>SECR</i>			

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 under section 119.07(3)(i), 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:

[Signature] *PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-977-4998

Date

Daytime Phone #

CR2E081 (01/05)