

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72137

1. Corporation Name
Glenwood Development, Inc.

2. Principal Office Address

7355 SW 38th Street

Suite, Apt. #, etc.

106A

City & State

Ocala

FL

Zip

34474

Country

USA

3. Mailing Office Address

P.O. Box 771104

Suite, Apt. #, etc.

City & State

Ocala

FL

Zip

34477-1104

Country

USA

[Handwritten Signature]

REINSTATEMENT 98-05

4. Date Incorporated or Qualified
To Do Business in Florida

3-7-89

5. FEI Number

59-2942764

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

Frank J. Tona

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

7355 SW 38th Street

Suite, Apt. #, Etc.

106A

City

Ocala

500061524385

11/17/05--01050--027 **1800.00

State

FL

Zip Code

34474

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

[Handwritten Signature: Frank J. Tona]

Date 11-16-05

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
PD	Frank J. Tona	7355 SW 38th St. #106A	Ocala, FL 34474
VP	Charles Tona	14481 SW 47th Ct.	Ft. Lauderdale, FL 33334

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:

[Handwritten Signature: Frank J. Tona]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-05

Date

Daytime Phone

352 854 6332