

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

02 AUG 19 PM 4:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L00000003989**

1. Limited Liability Company's Name

**GLEN CAR, CORP, L.L.C**

**REINSTATEMENT 2001-2002**

2. Principal Office Address

**2615 LEE RD**

Suite, Apt. #, etc.

City & State

**WINTER PARK FL**

Zip

**32789**

Country

**ORANGE**

3. Mailing Office Address

**2615 LEE RD**

Suite, Apt. #, etc.

City & State

**WINTER PARK FL**

Zip

**32789**

Country

**ORANGE**

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

**April 7, 2000**

6. FEI Number

**59-3117663**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**WILLIAM A. GREENBERG**

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

**6500 S. HIGHWAY 17-92**

Suite, Apt. #, Etc.

City

**FEAR PARK**

State

**FL**

Zip Code

**32730**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*[Signature]*

Date

**8/15/02**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip      |
|------------|-----------------------------------|--|-------------------------|
| <b>MGR</b> | <b>DENNIS D JACKMAN</b>           | <b>5537 LONG LAKE HILLS BLVD</b>               | <b>ORLANDO FL 32810</b> |
|            |                                   |  |                         |
|            |                                   |  |                         |
|            |                                   |  |                         |
|            |                                   |  |                         |

**THOMAS**

*[Signature]*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

*[Signature]*

Date **8-15-02**

Daytime Phone # **407-740-4577**

Typed or printed name of signing Managing Member/Manager

**DENNIS D. JACKMAN**

CR2E041 (9/01)