

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -6 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003989

1. Limited Liability Company's Name  
**GLENCAR CORP., LLC**

2. Principal Office Address <b>2615 Lee Road</b>		3. Mailing Office Address <b>5537 Long Lake Hills Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Winter Park, Fl.</b>		City & State <b>Orlando, Fl. 32810</b>	
Zip <b>32789</b>	Country <b>USA</b>	Zip <b>32810</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>4/7/2000</b>	
6. FEI Number <b>593117663</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name <b>William A. Greenberg</b>		500035725885 05/05/04--01076--006 **200 00	
Street Address (P.O. Box Number is Not Acceptable) <b>6500 S. U.S. Highway 17-92</b>			
Suite, Apt. #, Etc.			
City <b>Fern Park</b>	State <b>FL</b>	Zip Code <b>32730</b>	

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 *WAG* Date *5/1/04*  
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
MGR/M	Dennis D. Jackman	5537 Long Lake Hills Blvd.	Orlando, Fl. 32810

**REINSTATEMENT** *2003-2004* *[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 608.406, 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 *Dennis D. Jackman* Date *5/1/04* Daytime Phone # *407 740-6577*  
Typed or printed name of signing Managing Member/Manager **DENNIS D. JACKMAN**

CR2E041 (10/02)