

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

07 NOV -1 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000003975

1. Entity Name
GLASCO & ASSOCIATES, LLC



Principal Place of Business
2308 MISSION ROAD
TALLAHASSEE, FL 32304

Mailing Address
2308 MISSION ROAD
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012007 REIN-LLC CR2E101 (1/07)

4. FEI Number

16-1745978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASCO, TREVIS L
2308 MISSION ROAD
TALLAHASSEE, FL 32304

Name Katina Glasco

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

2308 Mission Road

City Tallahassee

FL

Zip Code

32304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Katina Glasco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/1/07

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME GLASCO, KATINA W
STREET ADDRESS 2308 MISSION ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME 500111642125
STREET ADDRESS 11/02/07--01037--020
CITY-ST-ZIP **50.00 ☐ Change ☐ Addition

TITLE MGR
NAME TREVIS, GLASCO L
STREET ADDRESS 2308 MISSION ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Katina Glasco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/1/07

Date

Daytime Phone #

REINSTATEMENT