

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC -2 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M64469**

1. Corporation Name  
**GLENCOE CORPORATION**

Principal Place of Business Mailing Address  
**408 CERROMAR CIR. S.  
SUITE #130  
VENICE FL 34293**



**REINSTATEMENT** 9

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**3814 CALIBRE BOND LN  
SUITE, Apt. #, etc. 1403**

3. New Mailing Office Address, If Applicable  
**3814 CALIBRE BOND LN  
SUITE, Apt. #, etc. 1403**

City & State  
**WINZER PARK FL.**

Zip  
**32792** Country **ORANGE**

4. Date Incorporated or Qualified To Do Business in Florida  
**01/11/1988**

5. FEI Number  
**65-0154229**

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	JOHNSTON, ANDREW	<del>408 CERROMAR CIR S #130</del> <b>3814 CALIBRE BOND LN #1403</b>	<del>VENICE FL</del> <b>WINZER PARK, FL 32792</b>
VSD	JOHNSTON, CLAIRE	<del>408 CERROMAR CIR S #130</del> <b>3814 CALIBRE BOND LN #1403</b>	<del>VENICE FL</del> <b>WINZER PARK, FL 32792</b>
D	BARBATO, CATRIONA	<b>12284 UPSTREAM COURT</b>	<b>ORLANDO FL</b>
D	JOHNSTON, STEPHEN	<del>408 CERROMAR CIR S #130</del> <b>3814 CALIBRE BOND LN #1403</b>	<del>SARASOTA FL</del> <b>WINZER PARK, FL 32792</b>

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8. Name and Address of Current Registered Agent  
**DOUGLASS, MIKE  
1872 S. TAMMAM TRAIL  
SUITE D  
VENICE FL 34293**

9. Name and Address of New Registered Agent  
Name **ANDREW JOHNSTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**3814 CALIBRE BOND LN**  
Suite, Apt. #, Etc. **1403**  
City **WINZER PARK** State **FL** Zip Code **32792**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **11 13 96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANDREW JOHNSTON**

Date **11 13 96** Daytime Phone # **407 577 7810**