

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



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

APPROVED
AND
FILED

98 JAN 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64469

1. Corporation Name
GLENCOE CORPORATION

Principal Place of Business 3814 CALIBRE BEND LN. 1403 WINTER PARK FL 32792	Mailing Address 3814 CALIBRE BEND LN. 1403 WINTER PARK FL 32792
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/11/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0154229	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status	



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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	JOHNSTON, ANDREW	3814 CALIBRE BEND LN., #1403	WINTER PARK FL 32792
VSD	JOHNSTON, CLAIRE	3814 CALIBRE BEND LN., #1403	WINTER PARK FL 32792
D	BARBATO, CATRIONA	12284 UPSTREAM COURT	ORLANDO FL
D	JOHNSTON, STEPHEN	3814 CALIBRE BEND LN., #1403	WINTER PARK FL 32792

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8. Name and Address of Current Registered Agent

JOHNSTON, ANDREW
3814 CALIBRE BEND LN.
1403
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name: *A. Johnston*
Street Address (P.O. Box Number is Not Acceptable): *Jan 12, 1998*
Suite, Apt. #, Etc.: 800002402248-7
City: *FL* State: *FL* ZIP: *32708.75*

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]*
REGISTERED AGENT MUST SIGN

Date: 01 06 98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01 06 98
Daytime Phone #

CR2040 (8/87)