

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 3:54

DOCUMENT # **M65274**

1. Corporation Name

**GLOWACKI FAMILY ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

OKEECHOBEE ASPHALT & CONCRETE  
503 NW 9TH ST  
OKEECHOBEE FL 34973  
US

PO BOX 2128  
OKEECHOBEE FL 34973  
US



**REINSTATEMENT** *00*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/20/1988	
City & State		City & State		5. FEI Number	
Zip		Country		04-2993680	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
P	GLOWACKI, KIM	OLD SOUTH ROAD	NANTUCKET MA
D	GLOWACKI, KIM	OLD SOUTH ROAD	NANTUCKET MA
TVS	GLOWACKI, KIM	503 NW 9TH ST	OKEECHOBEE FL

8000003464858--6  
-11/15/00--01100--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CAUGHEY, FRANCES J  
3246 SE 36TH AVE  
OKEECHOBEE FL 34974

9. Name and Address of New Registered Agent

Name	
Jackie Palmer	
Street Address (P.O. Box Number is Not Acceptable)	
795 NE 80th Ave.	
Suite, Apt. #, Etc.	
City	State Zip Code
Okeechobee	FL 34974

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

*Jackie Palmer*  
REGISTERED AGENT MUST SIGN

Date *10/24/00*

11. 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.

**AD**

SIGNATURE:

*Kim Glowacki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/24/00* Daytime Phone # *863-763-7323*

CR2E040 (8/00)