

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M65274

FILED
Jan 14, 2005
Secretary of State

Entity Name: GLOWACKI FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 2128
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 04-2993680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHELLE N
503 NW 9TH ST.
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MICHELLE N. BROWN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTV () Delete
Name: GLOWACKI, KIM
Address: OLD SOUTH ROAD
City-St-Zip: NANTUCKET, MA

Title: S () Delete
Name: GLOWACKI, KIM
Address: OLD SOUTH ROAD
City-St-Zip: NANTUCKET, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM GLOWACKI

P

01/14/2005

Electronic Signature of Signing Officer or Director

Date