

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 APR 29 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M65274

1. Corporation Name

Glowacki Family Enterprises Inc.

REINSTATEMENT 01-03

500017232255
04/29/03--01019--019 **1050.00

2. Principal Office Address

503 NW 9th St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2128

Suite, Apt. #, etc.

City & State

Dkeechobee, FL.

City & State

Dkeechobee, FL.

Zip

34972

Country

USA

Zip

34973

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-20-1988

5. FEI Number

105-0047072

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jackie Palmer

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

795 NE 80th Ave.

Suite, Apt. #, Etc.

City

Dkeechobee

State

FL

Zip Code

34974

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Jackie Palmer

REGISTERED AGENT MUST SIGN

Date 4-23-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Kim Glowacki	Old South Rd.	Nantucket, MA. 02554
D	Kim Glowacki	Old South Rd.	Nantucket, MA. 02554
TVS	Kim Glowacki	Old South Rd.	Nantucket, MA. 02554

10. 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:

Kim Glowacki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-03

Daytime Phone #

863-763-7373

CR2ED81 (10/02)

4/20