

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 12 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 88666

1. Corporation Name

GLENTEK INC.

2. Principal Office Address

1751 N.W. 79 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33126

Country

USA

3. Mailing Office Address

1751 N.W. 79 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-7-88

5. FEI Number

65-0275862

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

JUAN D. FRESCO

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

1751 N.W. 79 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

Juan D. Fresco

REGISTERED AGENT MUST SIGN

Date

11/05/02

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
PTD	JUAN D. FRESCO	1751 N.W. 79 AVE	MIAMI FL. 33126

000008939410
11/12/02-01995 006 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/05/02

Daytime Phone #

CR2E001 (9/01)

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

November 5, 2002

Dept. of State
Division of Corporation
409 East Gaines St.
Tallahassee, Fl. 32399

Re: Glentek Inc.
Doc# M88666

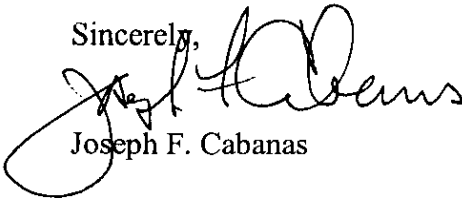
Gentlemen:

We are the accountants for the above taxpayer. Please note that our client never received the original UBR's since they moved during the year of 2001.

Our client respectfully requests amnesty against any penalties since they moved and never received the UBR. Our client has attached a check for \$150 to cover the filing fee and a newly filled in "Reinstatement" form.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Joseph F. Cabanas