PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN 9 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000588

1. Corporation Name
THE ESTATES AT GLENN LAKES OWNERS ASSOCIATION, INC.

REINSTATEMENT 2015
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3701 SOUTH OSPREY AVE.	3701 SOUTH OSPREY AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FLORIDA	City & State: SARASOTA, FLORIDA
Zip: 34239 Country: USA	Zip: 34239 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/31/2000

5. FEI Number: 59-3632539 ☐ 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: PROGRESSIVE COMMUNITY MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable): 3701 SOUTH OSPREY AVENUE
Suite, Apt. #, Etc.:
City: SARASOTA State: FL Zip Code: 34239

700273826997
04/28/15--80130--015 **61.25

700273826997
06/03/15--01023--008 **175.00

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: [signature] JUN 23 2014 Date: JUNE-5-2015
REGISTERED AGENT MUST SIGN
L. SELLERS

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
PD	JON LABRECQUE	3701 SOUTH OSPREY AVE.	SARASOTA, FL 34239
VPD	DUNCAN RILEY	3701 SOUTH OSPREY AVE.	SARASOTA, FL 34239
TD	BRUCE LESSER	3701 SOUTH OSPREY AVE.	SARASOTA, FL 34239
SD	HELEN PETTINATI	3701 SOUTH OSPREY AVE	SARASOTA, FL 34239
D	STEVEN NESTEL	3701 SOUTH OSPREY AVE	SARASOTA, FL 34239
AS	WILLIAM SUTTON	3701 SOUTH OSPREY AVE	SARASOTA, FL 34239

10. **E-mail Address:** DYUHAS2@PCMFLA.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] JUNE-5-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #