2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005298

2805 SE 22 AVE #202

DELRAY BEACH, FL 33445

Address:

City-St-Zip:

FILED Oct 10, 2005 Secretary of State

DOCO	VILIVI# 1401000000230		Secretary of State	
Entity Na	me: GLOARY, INC.			
Current Principal Place of Business:		New Principal P	Place of Business:	
	ANCEWOOD PLACE BEACH, FL 33445			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
	ANCEWOOD PLACE BEACH, FL 33445			
	r: 65-1129956 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applicable (d not receive the prior notice.	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
	INC. : 16TH STREET :ERDALE, FL 333114132 US			
	e named entity submits this statement for the of Florida.	ne purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU	RE: LORRIE MAURINO			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete MAURINO, LORRIE 3733 S. LANCEWOOD PLACE DELRAY BEACH, FL 33445	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (X) Delete LAMONT, GUTHRIE 3579 N DIXIE HWY FORT LAUDERDALE, FL 33334	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete PITASSI, RITA 3733 S. LANCEWOOD PL. DELRAY BEACH, FL 33445	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T () Delete LAZENBY, THOMAS	Title: Name:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LMAURINO D 10/10/2005