

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 8:18

DOCUMENT # **NO 000003004**

1. Corporation Name

**GLADES AREA PAL, INC.**

2. Principal Office Address

**224 SW 5<sup>TH</sup> STREET**

Suite, Apt. #, etc.

3. Mailing Office Address

**POST OFFICE BOX 127**

Suite, Apt. #, etc.

City & State

**BELLE GLADE, FLA.**

Zip

**33430**

Country

**PALM BEACH**

City & State

**BELLE GLADE, FLA.**

Zip

**33430**

Country

**PALM BEACH**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**52-2367688**

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

**Albert Dowdell III**

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

**40 WEST CANAL STREET SOUTH**

Suite, Apt. #, Etc.

City

**BELLE GLADE**

State

**FL**

Zip Code

**33430**

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]*

Date **9-14-04**

REGISTERED AGENT MUST SIGN

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
PRES	DENNIS KNABD	101 NW 13 <sup>TH</sup> STREET	BELLE GLADE, FLA.
V.PRES.	JAMES SCOTT	P.O. BOX 333	PANHANDLE, FLA.
SEC.	A. LABRON JACKSON	310 S.E. 2 <sup>ND</sup> AVENUE	SOUTH BAY, FLA.
TREA.	BETTY ROBINSON	317 N.E. 29 <sup>TH</sup> STREET	BELLE GLADE, FLA.
02/11/05--01020--006 **77.00			
02/11/05--01020--006 **77.00			

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:

*A. Labron Jackson* A. Labron Jackson 9/14/04 564-996-4061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2 of 2

December 1, 2004

Division of Corporation

Please except this letter as explanation as to why our reinstatement application is late. The reinstatement application was submitted back in September, but because failure to put the description of each officer listed it was sent back. Since that time our area was affected by several hurricanes, making the delay to get the said application much greater than expected. We, our area, is still recovering.

We are asking that you waive all late fees and send back from this original check whatever over payment refund money that is due back to this organization. If you have any questions or concerns, please contact me at 561-996-4061

Respectfully,

A. La'Bron Jackson  
Secretary, Glades Area PAL