

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 AUG 18 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02118

1. Corporation Name

The Glens at Spruce Creek, Inc.

2. Principal Office Address

205 Canova Dr

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL 32169

Zip

32169

Country

USA

City & State

Zip

Country

REINSTATEMENT

03-06 RSC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3-22-1984

5. FEI Number

59-2377661

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

Karla Baumann

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

205 Canova Dr.

Suite, Apt. #, Etc.

City

New Smyrna Bch

State

FL

Zip Code

32169

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

Charles Ba

Date

8-14-06

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
POD	Howard Hawkins	1868 Silver Fern Dr.	Daytona Bch FL 32128
STPD	Karla Baumann	205 Canova Dr	New Smyrna Bch, FL 32169
UPID	Kathy Tillson	1860 Silver Fern Dr.	Daytona Bch FL 32128

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 contained in Chapter 119, 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:

Charles Ba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06
Date

(386) 405-3312
Daytime Phone #