

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 26 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO 3644

1. Corporation Name

THE GLASS BUILDING CONDOMINIUM INC  
ASS. INC.

2. Principal Office Address

505 N ORLANDO AVE

Suite, Apt. #, etc.

City & State

COCOA BEACH FL

Zip 32931 Country BREVARD

3. Mailing Office Address 4235 MARSH

LANDING BLVD

Suite, Apt. #, etc.

# 312

City & State

JACKSONVILLE BEACH FL

Zip 32250 Country DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2416412

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

JOSEPH YOSSIFON

100025761961

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

4235 MARSH LANDING BLVD

Suite, Apt. #, Etc.

APT # 312

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

REGISTERED AGENT MUST SIGN

Date 12/22/03

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	JOSEPH YOSSIFON	4235 MARSH LANDING BLVD	JAX BEACH FL 32250
ST	DEREK YOSSIFON	11	11
D	FRANK WOLFE	505 N ORLANDO AVE	COCOA BEACH FL 32931

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

12/22/03

Date

321-516-2900

Daytime Phone #

CR2E081 (10/02)