

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 13 PM 12:43

DOCUMENT # N94000002205

1. Corporation Name

GLADES COUNTY CORRECTIONAL FACILITIES
FINANCING CORPORATION

2. Principal Office Address

4050 Esplanade Way

Suite, Apt. #, etc.

Ste. 680 Pepper Bldg.

City & State

Tallahassee, FL

Zip

32399-0950

Country

usa

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

1997

Amount Due: \$481.25

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65067813/ AMENDED #
59-3645785

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

C. MARK HODGES

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

4050 ESPLANADE WAY

Suite, Apt. #, Etc.

PEPPER BUILDING, SUITE 680

City

TALLAHASSEE,

State

FL

Zip Code

32399

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

1/31/01

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
D	Freedman, Joel J.	4050 Esplanade Way	Tallahassee/FL/32399
D	Block, Samuel A.	Same	Same
D	Hodges, Mark	Same	Same
			AD

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

1/31/01

Date

Daytime Phone #

CR2E081 (9/00)

AUDIT LOCATION - STATEWIDE
 OLO 450000 - DEPARTMENT OF STATE
 SITE 00 - DEPARTMENT OF STATE
 SWDN D1000474951 ADOCNO VE08127
 OLO 720000 - DEPARTMENT OF MANAGEMENT SERVICES
 SITE 00 - DEPARTMENT OF MANAGEMENT SERVICES
 (850)921-0416

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	BENEFITTING DATA	CF	TC	OBJECT
72 10 1 000394 72940100 00 100746 00		25	4990	1,443.75	45 20 2 130001 45300100 00 000100 00	INVOICE # SOUTH BAY			45
					INVOICE # BAY COUNT	358.75			
					INVOICE # GLADES CT	603.75			
						481.25			
TRANSACTION CODE TOTAL - 25				1,443.75					

-2-

02/02/2001

TR96

453001
21

0012003-525.00
 000100 - 001015-918.75

1443.75

Manual V8#

2-25653

487-9885

Rhonda Pearson