

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



REINSTATEMENT 2000

DOCUMENT # N97000006613

1. Corporation Name

GLENWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2222 GLENWOOD LANE
TALLAHASSEE FL 32308

Mailing Address

2208 GLENWOOD LANE
TALLAHASSEE FL 32308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
2208 GLENWOOD LN

City & State
TALLAHASSEE, FL

Zip
32308

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1997

5. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VALERY, NANCY O'NEILL, MARK	2208 GLENWOOD LANE 2220	TALLAHASSEE FL 32308
D	JORDAN, JOHN W	2208 GLENWOOD LANE	TALLAHASSEE FL 32308
D	CONILL, CATHY	2215 GLENWOOD LANE	TALLAHASSEE FL 32308

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8. Name and Address of Current Registered Agent

JORDAN, JOHN W
2208 GLENWOOD LANE
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/19/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00

Date

850 385-7450

Daytime Phone #