

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # P00000031002

1. Corporation Name

GLENAIRE GROUP, INC.

Principal Place of Business

475 BLUFFVIEW DRIVE
BELLEAIR BLUFFS FL 33770

Mailing Address

475 BLUFFVIEW DRIVE
BELLEAIR BLUFFS FL 33770



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3634733

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	KATZMAN, DANIEL	475 BLUFFVIEW DRIVE	BELLEAIR BLUFFS FL 33770
D	OTTO, CHRISTOPHER P	26 HARVEST COURT	GLEN CARBON IL 62034

800008630118
10/28/02--01104--013 **150.00

8. Name and Address of Current Registered Agent

KATZMAN, DANIEL
475 BLUFFVIEW DRIVE
BELLEAIR BLUFFS FL 33770

9. Name and Address of New Registered Agent

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent *Daniel Katzman* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 10/26/02

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: *Daniel Katzman* **SIGNATURE REQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

Glenaire Group, Inc.
475 Bluffview Drive
Belleair Bluffs, FL 33770

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Application for Reinstatement - Glenaire Group, Inc.

Dear Sir:

Enclosed is my Application for Reinstatement. Please waive the reinstatement fee as the corporation did not receive the two prior UBR notices.

Enclosed also is a check in the amount of \$150.00 to cover the UBR filing fee.

Very truly yours,

Glenaire Group, Inc.

By 
Daniel Katzman, Director