

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000084384**

1. Corporation Name

**GLISSON REALTY & SERVICES, INC.**

Principal Place of Business

Mailing Address

12581 BRIARMEAD LANE  
JACKSONVILLE FL 32258

12581 BRIARMEAD LANE  
JACKSONVILLE FL 32258

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

2. New Principal Office Address, If Applicable

**10802 CHEATHAM TRAIL**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL**

Zip  
**32223**

Country  
**U.S.A**

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/07/2000**

5. FEI Number

**59-3668431**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GLISSON, EARL V	12581 BRIARMEAD LANE	JACKSONVILLE FL 32258
VD	GLISSON, CLAYTON B	12581 BRIARMEAD LANE	JACKSONVILLE FL 32258
S	GLISSON, RACHEL L	12581 BRIARMEAD LANE	JACKSONVILLE FL 32258
T	GLISSON, TAIRA L	12581 BRIARMEAD LANE	JACKSONVILLE FL 32258
			<b>700004687357--9</b> <b>-11/19/01--01050--007</b> <b>****750.00 ****150.00</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name **CLAYTON D. GLISSON**

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

**12581 BRIARMEAD LANE**

Suite, Apt. #, Etc.

City **JACKSONVILLE**

State **FL**

Zip Code **32258**

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

**Clayton D. Glisson**  
REGISTERED AGENT MUST SIGN

Date **10/22/2001**

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:

**Earl Glisson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3004882900**  
**10-22-2001**

FILED

01 OCT 24 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

