

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042875

1. Corporation Name

LAW OFFICE OF SUSAN M. GLANCY, P.A.

Principal Place of Business

3300 UNIVERSITY DRIVE STE 612
CORAL SPRINGS FL 33065

Mailing Address

3300 UNIVERSITY DRIVE STE 612
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

100 S.E. 6th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

3. New Mailing Office Address, If Applicable

100 SE. 6th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2001

5. FEI Number

65-1147901

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	GLANCY, SUSAN M	3300 UNIVERSITY DRIVE STE 612 100 SE 6th Street	CORAL SPRINGS FL 33065 Fort Lauderdale FL 33301

600020776796

06/11/03--01042--008 **300.00

8. Name and Address of Current Registered Agent

GLANCY, SUSAN M
3300 UNIVERSITY DRIVE STE 612
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

Susan M. Glancy

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

100 S.E. 6th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 6/5/03

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

Susan M. Glancy

6/5/03 (954) 467-4043

Date

Daytime Phone #

CR2E040 (8/02)

*Law Office of
Susan M. Glancy, P.A.*

100 S.E. 6TH STREET
FORT LAUDERDALE, FLORIDA 33301

TELEPHONE (954) 467-4043
TELEFAX (954) 462-8882

June 5, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

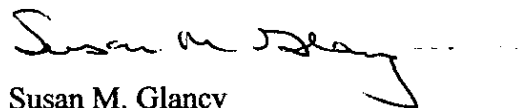
Re: Waiver of reinstatement fee

To Whom It May Concern:

Enclosed please find a completed Application for Reinstatement and a check in the amount of three hundred dollars (\$300.00). After speaking with Yula from your office today, she advised that I write this letter requesting that the six hundred dollar (\$600.00) reinstatement fee be waived. I moved offices and assumed the document would be forwarded to me.

If you have any further questions, please contact me.

Sincerely,



Susan M. Glancy
Attorney at Law

Enc.