## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FILED Secretary of State DIVISION OF CORPORATIONS 02 NOV 21 PH 2: 13 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name GLENN CONTRACTING, INC. **500009156085** 11/21/02--01105--023 \*\*15 Principal Place of Business Mailing Address 8065 COLEE COVE RD 8065 COLEE COVE RD ST AUGUSTINE FL 32092 ST AUGUSTINE FL 32092 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 Date Incorporated or Qualified To Do Business in Florida 8065 Wel 09/19/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director DP GLENN, ROBERT E 8065 COLEE COVE RD ST AUGUSTINE FL 32092

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLENN, ROBERT E 8065 COLEE COVE RD ST AUGUSTINE FL 32092

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

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Suite, Apt. #, Etc

City

Name

St Plyaustine

State 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. or 617.0505, F.S.

Signature of Registered Agent ATHUR PEQUIRED

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

illialoa

904-669.3436

Daytime Phone #

Glenn Contracting, Inc. 8065 Colee Cove Road Lot D St. Augustine, Fl. 32092

Dear Florida Department Of State,

Please accept this letter as my written notification that I did not receive the prior UBR notices. I feel the reason the letters were not delivered is the fact my lot number was not included in my address. I have completed the reinstatement form and included the lot number. I apologize for any inconvenience this may have caused you and I would greatly appreciate if you could reactivate my corporation status.

Sincerely,

Robert E. Glenn 904-669-3434

President