

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000631

1. Corporation Name

GLH1 CONSULTING INC.

Principal Place of Business

18459 PINES ROAD #187  
PEMBROKE PINES FL 33029

Mailing Address

~~18459 PINES ROAD #187~~  
~~PEMBROKE PINES FL 33029~~

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

169 VALLEYBROOK DR.  
O'FALLON, MO  
63366 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2002

5. FEI Number

30-0004755

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	HERNANDEZ, GREGORY	18459 PINES ROAD #187	PEMBROKE PINES FL 33029

900024375999  
11/03/03--01036--002 \*\*150.00

8. Name and Address of Current Registered Agent

HERNANDEZ, GREGORY  
18459 PINES ROAD #187  
PEMBROKE PINES FL 33029

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-26-03

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]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-03

Date

(314) 495-4391

Daytime Phone #

CR2E040 (7/03)

DEPARTMENT OF STATE:

I WOULD LIKE TO REINSTATE MY CORPORATION AND PAY  
THE ANNUAL FEE OF \$150.00.

I NEVER RECEIVED A PRIOR NOTICE OF DISSOLUTION. I  
WOULD HAVE CERTAINLY PAID IT OTHERWISE. THIS IS A  
NEW CORPORATION AND I WASN'T AWARE OF THE POSSIBILITY  
OF CORPORATE DISSOLUTION. I AM ASKING THAT THE PENALTY  
PLEASE BE WAVED SINCE I DID NOT RECEIVE A PREVIOUS  
NOTICE.

THANK YOU SO MUCH.

GREG HERNANDEZ

Greg Hernandez 10-30-03

GLHJ CONSULTING, INC.