

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 12 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001439

1. Corporation Name
GLENN RIDGE + ASSOCIATES, INC.
16007 COMUS ROAD
CLARKSBURG, MD 20871-9121

800060573378
10/13/05--01027--014 **450.00

2. Principal Office Address
1801 EAST LAKE ROAD

3. Mailing Office Address
59 AUBURN STREET

Suite, Apt. #, etc.
#17C

Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State
LARGO, FLORIDA

Zip
34685

Country
PINELLAS

Zip
33770

Country
PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida 01/03/2002

5. FEI Number
#14-1901044

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RHONDA K. LEONHARDT c/o APPLE TAX ACCT'G SVC.

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

Suite, Apt. #, Etc.

City
LARGO

State
FL

Zip Code
33770

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rhonda K. Leonhardt
REGISTERED AGENT MUST SIGN

Date 10/05/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BENJAMIN GUANCIALE	16007 COMUS ROAD	CLARKSBURG MD 20871-9121
V. PRES.	DANA GUANCIALE	16007 COMUS ROAD	CLARKSBURG MD 20871-9121

10. 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

Dana Guanciale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/05/2005 301-522-9573

DANA GUANCIALE

GLENN RIDGE &

ASSOCIATES, INC.
59 AUBURN STREET
LARGO, FLORIDA 33770

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

OCTOBER 06, 2005

RE: P02000001439
REINSTATEMENT OF CORPORATION

TO WHOM IT MAY CONCERN:

I AM WRITING TO ASK THAT OUR CORPORATION BE REINSTATED. PLEASE FIND ENCLOSED A CHECK FOR \$450.00, FOR 2003, 2004 & 2005.

WE WERE UNAWARE THAT THE CORPORATION HAD BEEN DISSOLVED FROM BEING AN ACTIVE CORPORATION. WE WERE MADE AWARE OF THIS SITUATION WHEN THE IRS NOTIFIED US THAT THERE WAS NO FEI# ON FILE WITH THE STATE. SO WE THEN TRIED GOING ON LINE TO ADD THE FEI# TO OUR FILE, WHEN WE DISCOVERED THAT THE CORPORATION WAS NO LONGER ACTIVE. WE HAD NOT RECEIVED ANY RENEWAL NOTICE'S OR ANY TYPE OF REINSTATEMENT LETTER'S FROM YOUR OFFICE, AS WE HAD MOVED OUR ADDRESS.

SO PLEASE AT THIS TIME WOULD YOU REINSTATE OUR CORPORATION AS BEING ACTIVE. IF YOU SHOULD NEED ANY ADDITIONAL INFORMATION FROM US, PLEASE DO NOT HESITATE TO CONTACT US. THANK-YOU.

SINCERELY,


DANA GUANCIALE, VICE PRESIDENT