

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 30 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000043593

1. Corporation Name

GLENWOOD CAPITAL, INC.

2. Principal Office Address

2070 S. HIBISCUS DRIVE

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FLORIDA

Zip

33128

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 15, 2002

5. FEI Number

13424-3228

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

ALLAN M. GLASER

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

11900 BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 807

City

NORTH MIAMI

State

FL

Zip Code

33181

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/15/04

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
PSTD	PETER CHUNG	2070 S. HIBISCUS DRIVE	NORTH MIAMI, FL 33181

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: *X Peter Chung*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CHUNG

Date

01-20-03

Daytime Phone #

954-

714-9008

CH25081 (10/02)

ALLAN M. GLASER, P.A.

**Biscayne Centre
Suite 807
11900 Biscayne Boulevard
Miami, Florida 33181**

ALLAN M. GLASER
ATTORNEY AT LAW

TELEPHONE (305) 893-5999
TELEFAX (305) 893-8251

January 23, 2004

Florida Department of State
Division of Corporation - Reinstatement Section
P.O. Box 6327
~~Tallahassee, Florida 32314~~

Re: Glenwood Capital, Inc. - Document No. P0200043593
Our File No.: 4307-1

To Whom It May Concern:

Enclosed please find an Application for Reinstatement of the above-named corporation, together with a check payable to the Department of State in the amount of \$300.00. Our office never received the Uniform Business Reports for either 2003 or 2004 and this was verified by your department clerk when we called to ask about fees for reinstatement. Therefore, we were instructed to send the regular annual fee of \$150 per year to reinstate the corporation.

Cordially yours,


ALLAN M. GLASER

AMG/sr

Enc.

140334307-1/012304