

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P02000058067

1. Corporation Name

Second Glance, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

1660-9 N. Monroe St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

US

3. Mailing Office Address

1660-9 N. Monroe St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

US

800029876938

03/04/04--01031--016 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-24-02

5. FEI Number

41-2051893

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

Bobbie Williams

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

1660-9 N. Monroe St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

Bobbie Williams

Date

2-29-04

REGISTERED AGENT MUST SIGN

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
P	Bobbie Williams	1660-9 N. Monroe St	Tallahassee, FL 32303
V	Lew Williams	1660-9 N. Monroe St	Tallahassee, FL 32303

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)(f), 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:

Bobbie Williams

Bobbie Williams

Date

2-29-04

Daytime Phone #

224-2962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)