

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS
**FILED**

09 AUG 26 AM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070199

1. Corporation Name

BARRY L GLASER REAL ESTATE PRTRNS INC

2. Principal Office Address - No P.O. Box #

2203 CAPTAINS WAY

3. Mailing Office Address

340 PRIMROSE DR

Suite Apt #, etc.

Suite Apt #, etc.

City &amp; State

JUPITER, FL

City &amp; State

LANSDALE, PA

Zip

33477

Country

USA

Zip

19446

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 21, 2002

5. FEI Number  
30-0096111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARRY L GLASER

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

2203 CAPTAINS WAY

Suite, Apt #, Etc.

City

JUPITER

State

FL

Zip Code

33477

☒ The reinstatement fee is imposed, except in  
 circumstances which the entity did not receive  
 the prior notices. By checking this box, you  
 are certifying the prior notices were not  
 received and requesting the reinstatement  
 fee be waived.
*We request reinstatement fee*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. *be waived.*Signature of  
Registered Agent
*Barry L. Glaser*  
 REGISTERED AGENT MUST SIGN

Date 6/18/2009

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BARRY L GLASER	2203 CAPTAINS WAY	JUPITER FL 33477

**REINSTATEMENT****RH**

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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 contained in Chapter 119, 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:

*Barry L. Glaser*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/2009

Date

215 887-8880

Daytime Phone #

880-9454