

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000083052

Entity Name: GLC ASSOCIATES INC.

**FILED**  
**Nov 29, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

1825 MAIN STREET  
SUITE #201  
WESTON, FL 33326

## **New Principal Place of Business:**

17110 ROYAL PALM BLVD  
SUITE 3  
WESTON, FL 33326

## **Current Mailing Address:**

1825 MAIN STREET  
SUITE #201  
WESTON, FL 33326

## **New Mailing Address:**

4283 FOXTAIL LANE  
WESTON, FL 33331

FEI Number: 51-0418095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CONE, LORIN  
5900 COLLINS AVE.  
UNIT 706  
MIAMI BEACH, FL 33140 US

## **Name and Address of New Registered Agent:**

CONE, LORIN  
4283 FOXTAIL LANE  
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORIN CONE

11/29/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LORIN, CONE  
Address: 5900 COLLINS AVE. UNIT 706  
City-St-Zip: MIAMI BEACH, FL 33140

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LORIN, CONE  
Address: 4283 FOXTAIL LANE  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORIN CONE

PRES

11/29/2006

Electronic Signature of Signing Officer or Director

Date