FILED
04 DEC 30 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000015772

1. Corporation Name
GLASSER FAMILY CORP.

REINSTATEMENT 2004

2. Principal Office Address	3. Mailing Office Address
3100 N. Military Trail	3100 N. Military Trail
Suite, Apt. #, etc.: Attn: Ruth Wiener, VP	Suite, Apt. #, etc.: Attn: Ruth Wiener, VP
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431-6323 Country:	Zip: 33431-6323 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1172947 ☐ 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: Ruth Glasser
Street Address (P.O. Box Number is Not Acceptable): 10896 Royal Caribbean Circle
Suite, Apt. #, Etc.:
City: Boynton Beach State: FL Zip Code: 33437

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: Ruth Glasser REGISTERED AGENT MUST SIGN Date: 12/25/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 5 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Ruth Glasser	10896 RoyalCaribbean Circle	Boynton Beach,FL 33437
D/VP	Lawrence Glasser	71 Paloma Heights, Apt. 108	Colorado Springs, CO 80921-3254
D/ST	Amy Glasser	7779 Ham Road	Custer, WA 98240-9545
			400004372504 12/30/04--01001--016 **750.00

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: Ruth Glasser, President Date 12/25/04 561-733-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E081 (01/04)

DEC.24.2004 12:31PM JOEL REINSTEIN ESQ.