

2004 FOR PROFIT CORPORATION REINSTATEMENT

1062

DOCUMENT # P03000038888

1. Entity Name
GLADYS ENTERPRISES, INC.



FILED

04 DEC -6 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**345 SOUTH MAYORAL
CLEWISTON, FL 33440**

Mailing Address
**345 SOUTH MAYORAL
CLEWISTON, FL 33440**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

11162004 REIN-P CR2E098 (6/04)

City & State

4. FEI Number
30-0002831

Applied For
☐ Not Applicable

City & State

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name
Gladys M. Hernandez

Street Address (P.O. Box Number is Not Acceptable)
6854 W Flager St

City
Miami FL Zip Code
33144

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **12-02-04**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
HERNANDEZ, GLADYS M
345 SOUTH MAYORAL
CLEWISTON, FL 33440**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3/12/04 90009 025 \$150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Gladys M. Hernandez** **12-02-04 386-251-9588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT

FROM : SUAREZ GROUP HOME 2

FAX NO. : 305 624-1232

Dec. 06 2004 03:33PM P2

Calz

Gladys Enterprises Inc
18750 NE 18TH Ave, Suite #153
North Miami FL 33179
786-274-1224 Offices
786-251-9588 Cell

December 6, 2004

Attn: Michele

Hello Michele,

I'm sending this letter to explain to you why I didn't apply and the reason is that I never received the application. If this not letter that you need please contact me.

of rejection from March.

Please wave the installment fee.

Thank you,

Gladys Hernandez
Gladys Hernandez