

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000100717

1. Corporation Name

Glenn McIntyre Homes, Inc.

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

3520 Bear Bay Road

Suite, Apt. #, etc.

City & State

Myakka City

Zip

34251

Country

Manatee

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/2003

5. FEI Number

83-0368479

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

Charlotte Jean McIntyre

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

Bear Bay Road

Suite, Apt. #, Etc.

City

Myakka City

State

FL

Zip Code

☒ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charlotte Jean McIntyre
REGISTERED AGENT MUST SIGN

Date **December 4, 2009**

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	Glenn B McIntyre	3520 Bear Bay Road	Myakka City, FL 34251
ST	Charlotte Jean McIntyre	3520 Bear Bay Road	Myakka City, FL 34251

10. E-mail Address: **jeanm@mailmt.com**

(To be used for future annual report notification)

11. 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. I further certify 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:

Charlotte Jean McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/09

Daytime Phone #

941-322-8984

FILED

09 DEC 11 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/09)

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12/14/09