

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR -7 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155546

1. Corporation Name

Phillip B. Glisson Inc.

2. Principal Office Address

1362 Dallam Ave NW

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32907

Country

Brevard

3. Mailing Office Address

1362 Dallam Ave NW

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32907

Country

Brevard

**REINSTATEMENT**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/03

5. FEI Number

220515970

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

Phillip B Glisson

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

1362 Dallam Ave NW

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

500074506905

05/12/06--01007--007 \*\*\*467.50

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

Phillip B Glisson

REGISTERED AGENT MUST SIGN

Date

4/7/06

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
President	Phillip B Glisson	1362 Dallam Ave N.W.	Palm Bay FL 32907

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:

Phillip B Glisson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

Date

321-243-2991

Daytime Phone #

2/2

4-7-06

I Did not receive the Annual Report  
information for the year 2004.

Phillip B. Glisson, Inc.

P03000155546

Phillip B Glisson "President"