

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 10 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057950

1. Entity Name
GLO'S HOME INC.



Principal Place of Business
830 CARVER ST
WINTER PARK, FL 32789

Mailing Address
830 CARVER ST
WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #
101 Woodfield Dr
Suite, Apt. #, etc.

3. Mailing Address
Same
101 Woodfield Dr
Suite, Apt. #, etc.

City & State
Sanford, FL
Zip
32773

City & State
Sanford, FL
Zip
32773

08292007 REIN-P CR2E098 (1/07)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BABCOCK, COREY
~~830 CARVER ST~~
~~WINTER PARK, FL 32789~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
101 Woodfield Dr.
City Sanford FL Zip Code 32773

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 COREY BABCOCK Cory Bulley 8-29-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABCOCK, COREY 830 CARVER ST WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 Woodfield Dr Sanford, FL 32773	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000109366150 09/12/07--01025--003 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/3/06 01022 012 \$150.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: COREY BABCOCK Cory Bulley 8-29-07 407-287-2109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Date: August 29, 2007

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

I did not receive filing notice for the 2007 year due, to an address change. I am requesting a waiver of the \$600.00 reinstatement fee. I have enclosed \$158.75 for reinstatement and Certificate of Status please; use this money plus the \$150.00 that the Division of Corporations has from last year for the total \$300.00 required. If any additional information is needed please give me a call at (407) 914-5921.

Sincerely,

Corey Babcock

A handwritten signature in black ink, appearing to read 'Corey Babcock', with a stylized flourish at the end.