

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Oct 28, 2005**  
**Secretary of State**

DOCUMENT# P04000071762

**Entity Name:** GLA ENTERPRISES, CORP.

**Current Principal Place of Business:**

20801 NW 14 ST  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

2576 CAMELOT CT  
COOPER CITY, FL 33026

**Current Mailing Address:**

20801 NW 14 ST  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

P.O.BOX 816474  
HOLLYWOOD, FL 33081

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMOS, GUIDO  
20801 NW 14 ST  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

LEMOS, GUIDO  
2576 CAMELOT CT  
COOPER CITY, FL 33026 US

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.

SIGNATURE: GUIDO LEMOS

10/28/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEMOS, GUIDO  
Address: 20801 NW 14 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete  
Name: ORTIZ, ADALGISA  
Address: 20801 NW 14 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LEMOS, GUIDO  
Address: 2576 CAMELOT CT  
City-St-Zip: COOPER CITY, FL 33026

Title: V (X) Change ( ) Addition  
Name: ORTIZ, ADALGISA  
Address: 2576 CAMELOT CT  
City-St-Zip: COOPER, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUIDO LEMOS

DP

10/28/2005

Electronic Signature of Signing Officer or Director

Date