

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P070000023479			
1. Corporation Name GLEMFOR CORPORATION			
2. Principal Office Address - No P.O. Box # 113 RAZORBILL CT		3. Mailing Office Address 113 RAZORBILL CT	
Suite, Apt. #, etc. ORLANDO, FL		Suite, Apt. #, etc. ORLANDO, FL	
Zip 32828	Country USA	Zip 32828	Country USA
7. Name and Address of Current Registered Agent Name VASQUEZ, JUAN Street Address (P.O. Box Number is Not Acceptable) 113 RAZORBILL CT Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32828			
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 <i>[Signature]</i> Date 03/16/2010 REGISTERED AGENT MUST SIGN			
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	VASQUEZ, JUAN	113 RAZORBILL CT	ORLANDO, FL 32828
<i>[Handwritten signature]</i>			
10. E-mail Address: (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: <i>[Signature]</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 03/16/2010 Daytime Phone # 407-473-8469			

FILED

10 APR -9 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/22/10 01051 006 \$50.00
100175183401
04/09/10-01034-017 **150.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida **02/21/2007**

5. FEI Number
20-8493861 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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.