5/01 11:58 FAX 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV 21 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We Did not receive the blank form. Please note there were no changes from last years return except for our new mailing address. Thank you!

DOCUMENT # P93-30730

1. Corporation Name Glenn Springs Management Company
4121 S.W. 34th Street
Orlando, FL 32811

2. Principal Office Address	3. Mailing Office Address
4121 S.W. 34th St.	4121 S.W. 34th St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State Orlando FL	City & State Orlando, FL
Zip 32811 Country USA	Zip 32811 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3177350 ☐ 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

200004717172--1
-12/10/01--01101--005
****150.00 ****150.00

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

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 _____ Date _____
REGISTERED AGENT MUST SIGN

ORDER061 (9/00)

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	William P. Kennedy	711 W. Harvard St.	Orlando, FL 32804

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 under section 119.07(3)(i), 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: William P Kennedy 11/20/01 (407)999-2225 x-247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #