

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 21 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072355

1. Corporation Name

GLENDWOOD HOLDINGS, INC.

100117626881
02/08/08--01035--026 **1058.75

W08-7144

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

Fernandez Juncos Ave.

Suite, Apt. #, etc.

Stop 10.5

City & State --

San Juan, PR

Zip

00901

Country

USA

3. Mailing Office Address

P.O. Box 9020485

Suite, Apt. #, etc.

City & State

San Juan, PR

Zip

00902-0485

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

October 19, 1993

5. FEI Number

59-3207424

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

Eduardo Ferrer

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

785 Crandon Boulevard

Suite, Apt. #, Etc.

Apt 406

City

Key Biscayne

State

FL

Zip Code

33149-2534

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date 2/05/2008

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	Eduardo Ferrer	P.O. Box 9020485	San Juan, PR 00902-0485
Secretary	Eduardo J. Ferrer, JR	P.O. Box 9020485	San Juan, PR 00902-0485
Vice Pres.	Pedro Rivera	P.O. Box 9020485	San Juan, PR 00902-0485

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/2008

Date

(787) 721-8062

Daytime Phone #

2/21