

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P950000 34937

GLEN MANAGEMENT SERVICES INC

2. Principal Office Address

301 W. CAMINO GARDENS BLVD

Suite, Apt. #, etc.

# 200

City & State

BOCA RATON, FL

Zip

33432  
FL

Country

USA

3. Mailing Office Address

301 W. CAMINO GARDENS

Suite, Apt. #, etc.

# 200

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0582484

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

BLVD. 2001-2002 UBF

7. Name and Address of Current Registered Agent

Name

ANDREW B. GLEN

100004820091

-02/05/02--01037--012

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

301 W. CAMINO GARDENS BLVD #200

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

# 200

City

BOCA RATON

State

FL

Zip Code

33432

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

12/29/01

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    |
|--------|-----------------------------------|--|-----------------------|
| D      | ANDREW GLEN                       | 301 W. CAMINO GARDENS BLVD #200                | BOCA RATON, FL, 33432 |
| D      | CAROL ANN GLEN                    | 301 W. CAMINO GARDENS BLVD #200                | BOCA RATON, FL 33432  |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/01

Daytime Phone #

(561) 392-0977

GLEN MANAGEMENT SERVICES, INC.

**GMS**

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January 2, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

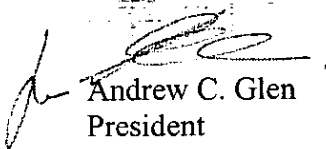
Following my telephone call to your office on December 28, 2001 please find enclosed our Corporation Reinstatement Application. A UBR for 2001 was not received; as per the telephone call it was sent to our old address and not forwarded to us.

Our 2000 UBR update, with our new address information was sent, but only the address of me, as registered agent, was changed.

As required please find enclosed a check for \$300 being UBR fees for 2001 and 2002. Your kind consideration in not imposing penalties will be very much appreciated.

Thank you for your attention.

Sincerely yours,



Andrew C. Glen  
President