

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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1997 OCT 21 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION
1997 FOR AR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056077

1. Corporation Name
JOSEPH H. GLASS, INC.

Principal Place of Business Mailing Address
1657 SW 31 TERR 3465 D SW Palm City School Ave
PALM CITY FL 34990 PALM CITY FL 34990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/17/1995	
Suite, Apt. #, etc. 3465 D SW Palm City School Ave		Suite, Apt. #, etc. 3465 D SW Palm City School Ave		5. FEI Number 59-3328695	
City & State Palm City, FL		City & State Palm City, FL		Applied For Not Applicable	
Zip 34990		Zip 34990		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country USA		Country USA			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GLASS, JOSEPH H	1657 SW 31 TERR	PALM CITY FL 34990
D	GLASS, DEBRA C	1657 SW 31 TERR	PALM CITY FL 34990

7000002349507-3
-11/17/97-01144-014
******165.00 ****165.00**

SCC 10-31-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GLASS, JOSEPH H 1657 SW 31 TERR PALM CITY FL 34990		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Joseph H. Glass** Date _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: **Debra C. Glass** Date **10/28/97** Daytime Phone # **561-287-8966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/97)



407-287-8966

JOSEPH H. GLASS, INC.

Landscape Architect

10/29/97

Dear Sirs,

Enclosed please find our Annual Report and a check in the amount of \$165.00. I spoke to someone in your office last week regarding the notice of Dissolution we received. I am not sure what happened, but I do not believe I received the first notice for Annual Reports. I have changed our address for future reports. I hope this takes care of everything to reactivate our corporation.

Sincerely,

Debbie Glass