

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**John M. Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

DOCUMENT # **P95000063558**

1. Corporation Name

**INDEPENDENCE MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

**2400 EAST LAS OLAS BLVD.**  
**SUITE 312**  
**FT. LAUDERDALE FL 33301**

**2400 EAST LAS OLAS BLVD.**  
**SUITE 312**  
**FT. LAUDERDALE FL 33301**

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

Suite, Apt. #, etc.

**PMB 312**

City & State

Suite, Apt. #, etc.

**PMB 312**

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**08/16/1995**

5. FEI Number

**65-0842216**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	4. City / State / Zip
D	GLASS, SUSAN B	2400 E. LAS OLAS BLVD #312	FT LAUDERDALE FL 33301
D	GLASS, DAVID M	2400 E. LAS OLAS BLVD. #312	FT LAUDERDALE FL 33301
		<b>PMB 312</b>	
			<b>600003078316--5</b>
			<b>-12/22/99--01081--012</b>
			<b>***150.00 ***150.00</b>
			<b>SP</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GLASS, SUSAN B**  
**2400 EAST LAS OLAS BLVD.**  
**SUITE 312**  
**FT LAUDERDALE FL 33301**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

**Susan B. Glass**

**REQUIRED**

Date

**10/14/99**

REGISTERED AGENT MUST SIGN

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 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:

**Susan B. Glass**

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Susan B. Glass**

**10/14/99**

Date

**954-728-9348**

Daytime Phone #