

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 10 AM 8:00

DOCUMENT # P96000055534

1. Corporation Name  
Dr. William Glover, III, P.A.  
P96000055534

2. Principal Office Address  
1320 S. Orlando Avenue

Suite, Apt. #, etc.  
Ste. 1 & 2

City & State  
Winter Park, FL

Zip Country  
32789 USA

3. Mailing Office Address  
1320 S. Orlando Avenue

Suite, Apt. #, etc.  
Ste 1 & 2

City & State  
Winter Park, FL

Zip Country  
32789 USA

**REINSTATEMENT** 02-04  
MCS

4. Date Incorporated or Qualified To Do Business in Florida  
07/01/1996

5. FEI Number  
59-3394786

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
William Glover, III

Street Address (P.O. Box Number is Not Acceptable)  
9226 Longfellow Place

Suite, Apt. #, Etc.

City  
Apopka

State  
FL

Zip Code  
32703

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 [Signature] Date 12/07/04

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>William Glover, III</u>	<u>9226 Longfellow Place</u>	<u>Apopka, FL 32703</u>

900043341099  
12/10/04--01075--002 \*\*1050.00

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] 12/07/04 (407) 629-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (01/04)