

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -8 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013981

1. Corporation Name

Glasek Investments, Inc.

2. Principal Office Address

1330 Main Street

Suite, Apt. #, etc.

#6

City & State

Sarasota, Florida

Zip

34236

Country

USA

3. Mailing Office Address

1330 Main Street

Suite, Apt. #, etc.

#6

City & State

Sarasota, Florida

Zip

34236

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/12/1997

5. FEI Number

65-0728615

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

Erik V. Korzilius

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

2100 Tamiami Trail S

Suite, Apt. #, Etc.

Suite C

City

Venice

State

FL

Zip Code

34293

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 5/2/03

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
PTD	Georgi Glasek	1330 Main Street, #6	Sarasota, Florida 34236
VPD	Gerd Glasek	1330 Main Street, #6	Sarasota, Florida 34236

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

5/2/03

Date

(941) 408-8200

Daytime Phone #

CR2E081 (10/02)