

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -9 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000047444

1. Corporation Name

GLIT Holdings, Inc.

REINSTATEMENT

03-04

2. Principal Office Address

100 W. Kennedy Blvd.

Suite, Apt. #, etc.

740

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

3. Mailing Office Address

100 W. Kennedy Blvd.

Suite, Apt. #, etc.

740

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

900028401569

02/09/04-01022-031 **000 00

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

5.29.1997

5. FEI Number

59-3458311

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

Thomas P. McNamara

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

2909 Bay to Bay Blvd.,

Suite, Apt. #, Etc.

309

City

Tampa

State

FL

Zip Code

33629

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]

REGISTERED AGENT MUST SIGN

Date

1/15/04

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	John R. Jaeb	100 W. Kennedy Blvd. # 740	Tampa, FL 33602

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Jaeb

1.16.04
Date

813-226-0406
Daytime Phone #

CR2E081 (10/02)