

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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DOCUMENT # P97000094873

1. Entity Name  
MAGNOLIA GLEN CORPORATION



Principal Place of Business  
7702 E ALLEN DR  
INVERNESS, FL 34450 US

Mailing Address  
7702 E ALLEN DRIVE  
INVERNESS, FL 34450

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 09



11082004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3571392

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, ALAN  
7702 E ALLEN DRIVE  
INVERNESS, FL 34450

Name YVONNE E. KUNTZ P.  
Street Address (P.O. Box Number is Not Acceptable)  
7702 E. Allen Dr.  
City INVERNESS FL Zip Code 34450

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Yvonne E. Kuntz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS ROBINSON, ALAN  
CITY-ST-ZIP 7702 E ALLEN DR  
INVERNESS, FL 34450

TITLE ☒ Change ☐ Addition  
NAME YVONNE E. KUNTZ  
STREET ADDRESS 7702 E. Allen Dr.  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS KUNTZ, YVONNE  
CITY-ST-ZIP 7702 E ALLEN DR  
INVERNESS, FL 34450

TITLE ☒ Change ☐ Addition  
NAME S/V.P. ALAN ROBINSON  
STREET ADDRESS 7702 E. Allen Dr.  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Yvonne E. Kuntz* Yvonne E. Kuntz 11/08/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352  
726-1832