

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104806

1. Corporation Name

A.G. GLADSTONE ASSOCIATES, INC.

2. Principal Office Address

7601 E. TREASURE DR.

Suite, Apt. #, etc.

#1701

City & State

NORTH BAY VILLAGE, FL

Zip

33141

Country

USA

3. Mailing Office Address

7601 E. TREASURE DR

Suite, Apt. #, etc.

#1701

City & State

NORTH BAY VILLAGE, FL

Zip

33141

Country

USA

REINSTATEMENT

09-10

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

12/12/97

5. FEI Number

65 0805122

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

LYNN SIMS

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

7601 E. TREASURE DR.

Suite, Apt. #, Etc.

#1201

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141

3000003328369--9

-07/19/00--01097--12

***\$00.00 ***\$00.00

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

Lynn Sims

REGISTERED AGENT MUST SIGN

Date 6/13/00

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
P/D	LYNN SIMS	7601 E. TREASURE DR, #1701	NORTH BAY VILLAGE, FL 33141
V	ARTHUR LOBBE	4747 HOLLYWOOD BLVD, #121	HOLLYWOOD, FL 33021
			LS

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

Lynn Sims

LYNN SIMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/00

Date

305/861-6000

Daytime Phone #

CR2E081 (9/99)