

# 2008 FOR PROFIT CORPORATION REINSTATEMENT



FILED

09 JAN -5 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

4. FEI Number 65-0822263

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

DOCUMENT # P97000105412

1. Entity Name  
GLARNER ELECTRIC, INC.

Principal Place of Business  
9242 COUNTY ROAD 635  
SEBRING, FL 33875

Mailing Address  
9242 CR 635  
SEBRING, FL 33872

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
GLARNER, RANDY  
9242 COUNTY ROAD 635  
SEBRING, FL 33875

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	D GLARNER, RANDY 9242 COUNTY ROAD635 SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300139483379 01/05/09--01051--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Randy Glarner Pres. 12/1/08 863-253-9016

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