

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 12 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092595

1. Corporation Name

GLANCE CORP.

600007833696--7

-09/18/02--01067--011

\*\*\*\*\*8.75 \*\*\*\*\*8.75

600007833696--7

-09/18/02--01067--010

\*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address

1790 WEST 49 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

305-7

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Zip

33012

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0873515

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

CORDOVA, JUAN C.

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

2405 W 75 TH STREET

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33027

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

7-31-02

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
PSTD	CORDOVA, JUAN C	2405 W 76 ST Hialeah, FL, 33014	Hialeah, FL, 33014

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

7-31-02

Date

305-887-4185

Daytime Phone #

CR2E081 (9/01)