

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 23 AM 8:00

DOCUMENT # **P98000099388**

1. Corporation Name

GLEN ABBEY NORTH, INC.

Principal Place of Business

Mailing Address

86 SPRING VISTA DRIVE
SUITE 200
DEBARY, FL 32713

86 SPRING VISTA DRIVE
SUITE 200
DEBARY FL 32713

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3548447

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	GRAY, JOHN C JR.	86 SPRING VISTA SR., SUITE 200	DEBARY FL 32713

300028221763
02/04/04--01055--028 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIVINE, RUSSELL W
28 WEST CENTRAL BOULEVARD
SUITE 260
ORLANDO FL 32801

Name

J. Charles Gray

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

Suite, Apt. #, Etc. 301 E. Pine Street

City

Suite 1400

State

FL

Zip Code

32801

Orlando

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

J. Charles Gray
REGISTERED AGENT MUST SIGN

Date

2/17/04

11. 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:

John C. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Gray

Date

1/26/04 386-668-6600

Daytime Phone #

CR2E040 (7/03)