

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 20 PM 4:20

DOCUMENT # P99000008590

1. Corporation Name

A. GLENN, INC.

Principal Place of Business

Mailing Address

3811 N.W. 7TH COURT  
FORT LAUDERDALE FL 33311

3811 N.W. 7TH COURT  
FORT LAUDERDALE FL 33311



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

01/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip 33063

Country U.S.

Zip 33063

Country U.S.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	Annazette Glenn	101 North State Road 7 Suite #1	Margate, FL 33063

400003455164--4  
-11/07/00--01067--019  
\*\*\*\*150.00 \*\*\*\*150.00

10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLENN, ANNAZETTE  
3811 N.W. 7TH COURT  
FORT LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

Annazette Glenn  
ANNAZETTE GLENN

Date

10/13/00

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:

Annazette Glenn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANNAZETTE GLENN

10/13/00  
Date

954-270-8877  
Daytime Phone #

CR2E040 (800)

**ACTION MORTGAGE PROCESSING, CORP.**

**101 North State Road 7**

**Suite #1**

**Margate, Fl 33063**

**Phone 954-956-7633 / Fax 954-956-7933**

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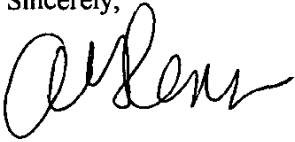
October 13, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Fl 32314-6327

RE: Reinstatement

Please find enclosed a check for \$150.00. I did not receive the previous notices. I was told to write a check for the \$150.00 along with this note and send it in for my Corporation to be reinstated. I can assure that this won't happen next year.

Sincerely,



Annazette Glenn  
CEO