

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS

04 APR 29 PM 4:51

DOCUMENT # P99000044689

1. Corporation Name

The Glass Lizard

REINSTATEMENT 03-04

2. Principal Office Address

5053 Farley Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5053 Farley Dr.

Suite, Apt. #, etc.

City & State

Holiday FL

Zip

34690

Country

USA

City & State

Holiday FL

Zip

34690

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/1999

5. FEI Number

59-3580733

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

Elizabeth Ellis

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

5053 Farley Dr.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

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

Elizabeth Ellis

Date 4/27/04

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Elizabeth Ellis</u>	<u>5053 Farley Dr.</u>	<u>Holiday FL 34690</u>

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:

Elizabeth Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

727-934-1272

CR2E061 (01/04)

4/27/04

To whom it may concern,

This letter is concerning the inactive status of the corporation The Glass Lizard. I never received the uniform business report for the year 2003 and 2004. I moved in September of 2002 and I thought that I changed all the forms to my new address; even so the report should have been forwarded to the new address and was not. As per the letter attached from your help site, I am including the fee for 2003 and 2004 and asking that the fee be waived since I never received the uniform business report for the last two years. Thank you, Elizabeth Ellis

A handwritten signature in cursive script, appearing to read "Elizabeth Ellis".

President