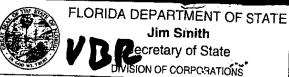
APPLICATION FOR REINSTAFATOR



DOCUMENT #

P99000067463

1. Corporation Name

GLASSMAN GROSSI, INC.

SIGNATURE: WWW L. C. ROSOL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business

Mailing Address

3385 S MCCALL RD ENGLEWOOD FL 34224 US 3385 S MCCALL RD ENGLEWOOD FL 34224 FILED

02 NOV -6 PM 12: 26

SECRETARY OF STATE FALLAHASSEE, FLORIDA



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2 Now P	addresses are	Incorrect in any way, line Address, If Applicable	through incorre	ct information and	d enter correction below.	ļ				
2. 11017	micipal Office	Address, If Applicable	3. New N	ailing Office Address, If Applicable			omorated or Qualified			
Suite, Apt.	. #, etc.		Suite, Apt	# etc		Date Incorporated or Qualified To Do Business in Florida 07/28/1999				
				. 11, 010.		5. FEI Number				
City & State City & State				e		65-0946015 Applied For				
Zip		Country	71-			6.				Not Applicable
	_	Country	Zip	}	Country		TE OF STATUS DESIRE	s I	8.75 Additi	onal Fee require
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director /	Elorido nonnesta					for a Certi	ficate of Status
Title (a)		Name of Officers	IBIOI DIICOIOI (I	TOTICA HOMPIONI I						
Title(s)	2 and/or Directors		Street Address of Each Officer and/or Director		ch or	City / State / Zip				
PD	GLASSMAN, DANIEL						ENGLEWOOD FL 34223			
-	- County Dining		74 CAYMAN ISLES BLVD							
STD	CDOCCI T	LIEDEGA								
SID	STD GROSSI, THERESA			74 CAYMAI	n isles blyd		ENGLEWOOD FL 34223			
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 . !	8. Name	and Address of Current	Danies	<u></u>						ĺ
		und Address of Currem	Hegistered Ag	jent		9. Name and	Address of New Reg	stered	Agent	··
GLASS	MAN, DANIE	L			Name					
	MAN ISLES		Street Address (Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.						
	WOOD FL 34	_								
_,,		ELU		Suite, Apt. #, Etc	Suite, Apt. #, Etc.					
					City					
					ì			State	1	
10. I, being	appointed the (registered agent of the ab	ove named corp	oration, am famil	iar with and accept the o	bligations of Soci	ion 607 0505 5 0	4 7 0 0 0	1	
) ~	_ '		was and accept the of	Dilgations of Sect	1011 007.0505, F.S. 0F	17.0505	5, F.S.	
	1	1 (1/								
Signature of Registered A	ugent /	level /	Can		1		//,	/ >		1
	.gen		EGISTERED AC	ENT MUST SIG	A1		Date	· Z .	0 2	
1. I certify the	hat I am an offi	cer or director or the recei	iver or trustee er	npowered to exe	cute this application as o	rovided for in cha	inter 607 or 617 E.S. I	further	partifu that	ada a sa Eili
owed by	the corporation	cation, the reason for disson have been paid and the	olution has been	eliminated, the c	corporate name satisfies	the requirements	of section 607.0401 o	r 617.04	01, F.S., th	when ming at all fees
on this ap	plication is true	have been paid and the is and accurate, and my sign	gnature shall ha	iuals listed on thi: ve the same lega	s form do not qualify for a	an exemption und	ier section 119.07(3)(i), F.S. T	he informat	tion indicated
			_		oot 22 ii made under	oath.				
	,	,		,						1

Daytime Phone #

GLASSMAN GROSSI, INC.
D/B/A RUBBER TREE CARPETS
3385 S. McCall Road
Englewood, FL. 34224
1-941-475-9545
Fax 1-941-473-4159

October 30, 2002

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

Agent:

Please find enclosed our "Application for Reinstatement", Document #P99000067463. Please be advised we did not receive any earlier request for payment. As per your instructions, we have enclosed our check for reinstatement in the amount of \$150.00

Please feel free to contact me if you should have any other questions.

Sincerely:

DANIEL GLASSMAN

President

DG/ngh