APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 VDR

DOCUMENT # P99000067463

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

GLASSMAN GROSSI, INC.

Principal Place of Business	Mailing Address
3385 S MCCALL RD ENGLEWOOD FL 34224 US	3385 S MCCALL RD ENGLEWOOD FL 34224 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/28/1999

5. FEI Number: 65-0946015 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GLASSMAN, DANIEL	74 CAYMAN ISLES BLVD	ENGLEWOOD FL 34223
STD	GROSSI, THERESA	74 CAYMAN ISLES BLVD	ENGLEWOOD FL 34223

8. Name and Address of Current Registered Agent

GLASSMAN, DANIEL
74 CAYMAN ISLES BLVD
ENGLEWOOD FL 34223

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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: Daniel Glassman
REGISTERED AGENT MUST SIGN

Date: 11.12.02

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: Teresa L. Grossi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02
Date

Daytime Phone #

0103633 AT

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