

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 11 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073077

1. Corporation Name

GLENN PARKER PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

7508 JOHNSON ROAD  
MILTON FL 32583

7508 JOHNSON ROAD  
MILTON FL 32583



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

08/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

62-1786624

Not Applicable

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
D	PARKER, GLENN	7508 JOHNSON ROAD	MILTON FL 32583
D	PARKER, SHIRLEY	7508 JOHNSON ROAD	MILTON FL 32583
			500003575935--1 01/26/01--01026--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, GLENN  
7508 JOHNSON ROAD  
MILTON FL 32583

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

*Glenn Parker*

REGISTERED AGENT MUST SIGN

Date 12-1-00

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:

*Glenn Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

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November 29, 2000

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Glenn Parker Productions, Inc.  
Doc # P99000073077

Dear Secretary Harris:

Please find enclosed Glenn Parker Productions, Inc. application for reinstatement and our check for \$150. We ask that other reinstatement fees be waived because no notices were received from your office. As you know, we have only been a corporation for just over a year and has made sure we are in compliance with all agencies in which we have to report.

Thank you for your understanding and we assure you that we will not wait for the report to arrive in the mail this reporting period.

Sincerely,



Glenn A. Parker