

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 UPR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -3 PM 4:01

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DOCUMENT #

P99000078712

1. Corporation Name

GLENN C ANDERSON ENTERPRISES, INC.

2. Principal Office Address

1035 S. FEDERAL HWY.

3. Mailing Office Address

Suite, Apt. #, etc.

NOT APPLICABLE

Suite, Apt. #, etc.

#7

City & State

DELRAY BEACH, FL.

City & State

Zip

33483

Country

PALM BEACH

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-

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

GLENN C. ANDERSON

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

1035 S. FEDERAL HWY.

Suite, Apt. #, Etc.

#7

City

DELRAY BEACH

State

FL

Zip Code

33483

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** XX

Date 8/23/02

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 |
|---------------|--------------------------------------|---|-------------------------|
| DIR/ PRES. | GLENN C. ANDERSON | 1035 S. FEDERAL HWY. #7 | DELRAY BEACH, FL. 33483 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

XX Glenn Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/02

Date

JOHN A. PARTICA
Daytime Phone #

(561) 330-2998
(Accountant)

9/9/02
JAP

2 of 2
ESTABLISHED 1966

INDEPTH TAX MANAGEMENT, INC.

330-2998

P.O. Box 4502
BOYNTON BEACH, FL 33424

SMALL BUSINESS SPECIALIST

OFFICE (561) ~~788-0842~~
~~XXXXXX XXXXXX~~

August 23, 2002

Department of State
Division of Corporations
POBox 6327
Tallahassee, Fl. 32314

Re: GLENN C. ANDERSON ENTERPRISES, INC.
P99000078712

Gentlemen:

As per our phone conversation I am enclosing my check in the amount of \$150.00 to re-instate my corporation. Enclosed please find the corporation reinstatement form.

I did not receive the original form to be filed.

Sincerely;

 
JOHN A PARTICA
ACCOUNTANT FOR GLENN ANDERSON ENTERPRISES, INC.