

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **508233**

1. Corporation Name  
**GLEN'S LOCKSMITH AND SERVICE  
INC.**

**REINSTATEMENT**

**00-03**

2. Principal Office Address <b>3140 PEMBROKE ROAD</b>		3. Mailing Office Address <b>6109 SW 30 ST.</b>	
Suite, Apt. #, etc. <b>603</b>		Suite, Apt. #, etc. <b>4</b>	
City & State <b>PEMBROKE PARK, FL</b>		City & State <b>MIRAMAR, FL.</b>	
Zip <b>33009</b>	Country <b>USA</b>	Zip <b>33023</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number <b>65-0224288</b>		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name <b>GLEN WAUCHOPE</b>	700009464457
Street Address (P.O. Box Number is Not Acceptable) <b>6109 SW 30 ST.</b>	01/06/03--01076--005 **150.00
Suite, Apt. #, Etc. <b>4</b>	700009464457
City <b>MIRAMAR</b>	12/11/02--01024--008 **1050.00
State <b>FL</b>	Zip Code <b>33023</b>

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 *[Signature]* Date **12/9/02**  
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
President	<b>GLEN WAUCHOPE</b>	<b>6109 SW 30 ST.</b>	<b>MIRAMAR FL 33023</b>
V. Pre	<b>WILLIAM WAUCHOPE</b>	<b>3 KINGSTON DR.</b>	<b>KINGSTON, JAMAICA, WI.</b>
Secret	<b>RUTH BAYAN</b>	<b>6109 SW 30 ST</b>	<b>MIRAMAR 33023</b>

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: *[Signature]* **GLEN WAUCHOPE** Date **12/9/02** Daytime Phone # **983-8043**

CR2E081 (9/01)