

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 25 PM 4:48

DOCUMENT # **S55200**

1. Corporation Name
835 GLEM, INC.

Principal Place of Business Mailing Address
801 A GATEPARK DRIVE DAYTONA BEACH FL 32114



REINSTATEMENT *00*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/22/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-3065686	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	HAMVAY, GEORGE	801 A GATEPARK DRIVE	DAYTONA BEACH FL 32114
VP	SHAHER, JOHN	801 A GATEPARK DR	DAYTONA BEACH FL 32114
T	HAMWAY, LESLIE	801 A GATEPARK DRIVE	DAYTONA BEACH FL 32114
S	SHAHER, CANDACE	801 A GATEPARK DR	DAYTONA BEACH FL 32114

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAMVAY, GEORGE 801 A GATEPARK DRIVE DAYTONA BEACH FL 32114		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 *George M. Hamvay* REGISTERED AGENT MUST SIGN **REQUIRED** Date 10-16-2000

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: *George M. Hamvay* **REQUIRED** George M. Hamvay Date 10/16/2000
 Daytime Phone # 904-252-5515