

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **580892**

1. Corporation Name

The Glen at Casselberry, Inc.

Mailing Address

Principal Place of Business

507 N. New York Avenue
101
Winter Park, FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

1301 S.W. 10th Ave.

Suite, Apt. #, etc.

Building J

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. New Principal Office Address, If Applicable

1301 S.W. 10th Ave

Suite, Apt. #, etc.

Building J

City & State

Delray Beach, FL

Zip

33444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/91

5. FEI Number

59-3114217

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

93-97
AD

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Thomas G. Hinners	1301 S.W. 10th Ave., Bldg. J	Delray Beach, FL 33444

300002371323--0
-12/12/97-01119-005
***1418.75 ***1418.75

8. Name and Address of Current Registered Agent

Frank Shunock
507 N. New York Avenue
#101
Winter Park, FL 32789

9. Name and Address of New Registered Agent

Name

Thomas G. Hinners

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

1301 S.W. 10th Avenue

Suite, Apt. #, Etc.

Building J

City

Delray Beach

State

FL

Zip Code

33444

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

Thomas G. Hinners

REGISTERED AGENT MUST SIGN

Date

10/10/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

THOMAS G. HINNERS, President

SIGNATURE:

Thomas G. Hinners

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/97

(561) 278-0053