

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 593876

1. Corporation Name

GLASGOW GROUP INC

2. Principal Office Address

12850 WALSHINGHAM RD

Suite, Apt. #, etc.

City & State

LARGO FL

Zip

33774

Country

USA

3. Mailing Office Address

12850 WALSHINGHAM RD

Suite, Apt. #, etc.

City & State

LARGO FL

Zip

33774

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/91

5. FEI Number

593108021

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

ALISTAIR ANDERSON

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

12850 WALSHINGHAM RD

Suite, Apt. #, Etc.

400035558244

05/05/04--01022--016 **90.00

City

LARGO

State

FL

Zip Code

33774

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 4/12/04

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
PA	ALISTAIR ANDERSON	12850 WALSHINGHAM RD	LARGO FL 33774
VP	LORI ANDERSON	12850 WALSHINGHAM RD	LARGO FL 33774
S	STUART ANDERSON	12850 WALSHINGHAM RD	LARGO FL 33774

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)(f), 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]

ALISTAIR ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/04

Daytime Phone #

727
5937673

CR2081 (01/04)