

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 APR 28 AM 8:19

DOCUMENT # V08924

1. Corporation Name

GLEN ABBEY HOMES, INC

Principal Place of Business

Mailing Address

2942 LAKELAND HIGHLANDS ROAD
LAKELAND, FL 33803

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

2. New Principal Office Address, If Applicable

2942 LAKELAND

Suite, Apt. #, etc.

HIGHLANDS ROAD

City & State

LAKELAND, FL

Zip

33803

Country

USA

3. New Mailing Office Address, If Applicable

2942 LAKELAND HIGHLANDS

Suite, Apt. #, etc.

HIGHLANDS ROAD

City & State

LAKELAND, FL

Zip

33803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1992

5. FEI Number

59-306096

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

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
Pk/H/O	Kim Brook-Anderson	3056 SUTTON WOODS DR	PLANT CITY FLORIDA 33567

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-05/09/00--01109--015

***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kim Brook-Anderson
3056 SUTTON WOODS DRIVE
PLANT CITY, FL 33567

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kim Brook-Anderson
REGISTERED AGENT MUST SIGN

Date

4/29/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Brook-Anderson

Date

4/29/2000

Daytime Phone #

913
404-6776

CR2E08 (12/98)