

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 22 AM 8:00

DOCUMENT # V08924

1. Corporation Name

GLEN ABBEY HOMES, INC

REINSTATEMENT

03-04
MRS

2. Principal Office Address

306 E. MAIN ST.

Suite, Apt. #, etc.

SUITE 201

City & State

LAKELAND, FL

33801

Country

USA

3. Mailing Office Address

2104 GOLFVIEW DR N

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33566

Country

USA

700033563297

04/22/04--01051--014 **908.75

4. Date incorporated or Qualified
To Do Business in Florida

01/21/1992

5. FEI Number

59-3106096

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

KIM BLOK-ANDERSEN

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

2104 GOLFVIEW DR. N.

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33566

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

REGISTERED AGENT MUST SIGN

Date

4/17/04

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
PSTD	KIM BLOK-ANDERSEN	2104 GOLFVIEW DR. N.	PLANT CITY, FL 33566

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM BLOK-ANDERSEN

Date

4/17/04

Daytime Phone #

813-404-6776

CR2E081 (01/04)