

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -7 AM 11:48

DOCUMENT # V42460

1. Corporation Name

GLARE INTERNATIONAL, INC.

2. Principal Office Address

7340 S.W. 48th ST

Suite, Apt. #, etc.

#105

City & State

MIAMI, FL.

Zip

33155

Country

DADE, U.S.A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

33155

Country

DADE, U.S.A

94-00
REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/8/92

5. FEI Number

65-0348620

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

HOWARD M. FISHER

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

7340 S.W. 48th ST.

Suite, Apt. #, Etc.

#105

City

MIAMI

600003491696-9

-12/08/00-01043-019

***1658.75 ***1658.75

State

FL

Zip Code

33155

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

Howard M. Fisher

Date

10/20/00

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
P	HOWARD M. FISHER	7340 S.W. 48 th ST / #105	MIAMI, FL 33155
			AD

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:

Howard M. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/00

Daytime Phone #

305/662-6605

CR2081 (9/99)