

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -6 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70041

1. Corporation Name

KATHLEEN A. GLANCY, INC.

2. Principal Office Address

5282 SW BIMINI CIR P.O. Box 309

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 309

Suite, Apt. #, etc.

City & State

PALM CITY, FLA.

City & State

PALM CITY FLA.

Zip

34990

Country

USA

Zip

34991

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

650 434080

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

KATHLEEN A. GLANCY

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

5282 SW BIMINI CIR

Suite, Apt. #, Etc.

City

PALM CITY FLA

State

FL

Zip Code

34990

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

Kathleen A. Glancy

REGISTERED AGENT MUST SIGN

Date 10-30 2002

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
PRES	KATHLEEN A GLANCY	5282 SW BIMINI CIR	PALM CITY FLA 34990
V. PRES	RAYMOND L. GLANCY	5282 SW BIMINI CIR	PALM CITY FLA 34990

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:

Kathleen A. Glancy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-2002 4636598

Date

Daytime Phone #

CR2E081 (9/01)

KATHLEEN
A. GLANCY, INC.

10-30-2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that I did not receive the re-instatement notice for the year 2001.

I would like to request that the late fee be waived.

I have enclosed a check in the amount of \$300.00 for the current re-instatement.

Thank you for your consideration.

Sincerely,

Kathleen A. Glancy

Kathleen A. Glancy
Kathleen A. Glancy, Inc.