

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -6 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800008819638
11/06/02--01036--011 ***300.00

CORPORATION REINSTATEMENT

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

DOCUMENT # V70041

1. Corporation Name
KATHLEEN A. GLANCY, INC.

2. Principal Office Address
5282 SW BIMINI CIR
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 Country
34990 USA

Zip Country
34991 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

11/1/03

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 10-30-2002 4636598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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:

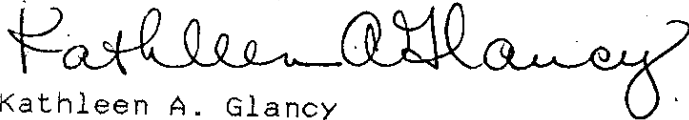
Please be advised that I did not receive the re-instatement notice for the year 2001.

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

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, Inc.