

10FZ


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

05 APR 12 AM 11:10

FLORIDA STATE  
SECRETARY OF STATE

**DOCUMENT # P03000115473**

1. Entity Name  
**GALEAS SERVICES, INC**



Principal Place of Business  
**468 SEMINOLE DR  
LANTANA, FL 33462**

Mailing Address  
**468 SEMINOLE DR  
LANTANA, FL 33462**

2. Principal Place of Business  
**1515 N FEDERAL HWY**  
Suite, Apt. #, etc.  
**2**

3. Mailing Address  
**1515 N FEDERAL HWY**  
Suite, Apt. #, etc.  
**2**

City & State  
**LAKE WORTH**

City & State  
**LAKE WORTH**

Zip  
**33460**

Country  
**USA**

Zip  
**33460**

Country  
**USA**



**REINSTATEMENT** 098 (6/04) **04-05**

4. FEI Number  
**42-1663450**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GALEAS, HECTOR J  
468 SEMINOLE DR  
LANTANA, FL 33462**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1515 N FEDERAL HWY APT #2**  
City **LAKE WORTH** FL Zip Code **33460**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X **3-31-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GALEAS, HECTOR J</b> <b>468 SEMINOLE DR</b> <b>LANTANA, FL 33462</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**600052116146**  
**04/26/05--01050--005 \*\*300.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **3-31-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20fz

March 9, 2005

To: Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

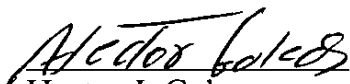
From: Galeas Services, Inc.  
Hector J. Galeas  
1515 N Federal Hwy #2  
Lake Worth, Fl 33460

Ref.: Annual Report  
Doc. # P03000115473

Hereby, I want to let you know, that I don't received the Notice for the Annual Report, that if suppose should be paid before May 2004. The Corporation was open on 10/16/03, but the business starting on July 1, 2004.

I'll be appreciated that you review this case and take on consideration the working days, and my first time doing Business.

Sincerely yours,

  
Hector J. Galeas  
President