

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 OCT -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 410407

1. Corporation Name

Phil C. Gallagher Associates, Inc.

400004641954--1

-10/18/01--01066--003

****750.00 ****750.00

2001 *gjm*

2. Principal Office Address

3. Mailing Office Address

3401 New 82nd Avenue

3401 New 82nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Miami, Florida

Miami, Florida

Zip 33122
Florida

Country
USA

Zip 33122

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/9/72

5. FEI Number

59-1419064

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

Phil C. Gallagher

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

3401 New 82nd Avenue

Suite, Apt. #, Etc.

Suite 300

City

Miami

State
FL

Zip Code
33122

REINSTATEMENT 2001

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

Phil C. Gallagher
REGISTERED AGENT MUST SIGN

Date 9-26-01

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
PSD	Phil C. Gallagher	3401 New 82nd Ave Suite 300	Miami, FL 33122
D	Dorian E. Gallagher	3401 New 82nd Ave Suite 300	Miami, FL 33122
D	Parvula Lessig	3401 New 82nd Ave Suite 300	Miami, FL 33122

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:

Phil C. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-01

Date

305-714-4400

Daytime Phone #

CR2E081 (8/00)