

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400119487484
03/05/08--01039--009 **\$8.75

DOCUMENT # 769140

1. Corporation Name

GALLOWAY 93 CONDOMINIUM ASSOCIATION

2. Principal Office Address - No P.O. Box #

9300 SW 87 AV

Suite, Apt. #, etc.

SUITE # 1

City & State

MIAMI FL

Zip

33176

Country

USA

3. Mailing Office Address

9300 SW 87 AV

Suite, Apt. #, etc.

SUITE # 1

City & State

MIAMI FL

Zip

33176

Country

USA

REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida

6/28/83

5. FEI Number

59-2261182

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

CRAIG P. BENNETT

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

9300 SW 87 AV

Suite, Apt. #, Etc.

1

City

MIAMI

State

FL

Zip Code

33176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Craig P. Bennett

REGISTERED AGENT MUST SIGN

Date

1/24/8

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
MS	BEATRIZ AMENDOLA	9300 SW 87 AV #3	MIAMI FL 33176
MS	LOIDA GARCIA	9300 SW 87 AV #5	MIAMI FL 33176
MR	SORBIO RIVERA	9300 SW 87 AV #4	MIAMI FL 33176

REINSTATEMENT

RH

1-08

400117952464
02/13/08--01028--001 **\$175.00

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 contained in Chapter 119, 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:

Craig P. Bennett

CRAIG P. BENNETT

1/24/8

Date

305 275 7570

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR