

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 19 AM 10:58

DOCUMENT # **F96849**

1. Corporation Name

GALLOWAY EXPORT-IMPORT, INC.

Principal Place of Business

Mailing Address

Galloway Export-Import, Inc.
 7071 S.W. 47th. Street
 Miami, FL. 33155

7071 S.W. 47th. Street
 Miami, FL. 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-95

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/24/82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
 59-2217976

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED See Instructions for details

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	PEREZ, CARLOS R.	10340 S.W. 125 Street	MIAMI, FL. 33176
VP	PEREZ, ROSA EMILIA	10340 S. W. 125 STREET	MIAMI, FL. 33176
			400003060604--6 -12/03/99--01098--014 ***1058.75 ***1058.75
			<i>DS 11/24</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANUEL E. CABEZA
 338 MINORCA AVENUE
 CORAL GABLES, FL. 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Manuel E. Cabeza
 REGISTERED AGENT MUST SIGN

Date

11/1/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel E. Cabeza

11/1/99
 Date

305-264-6063
 Daytime Phone #

CR2001 (12/99)