

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB -7 PM 2:51 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # H17135 1. Corporation Name Brev-Gal Corporation					
Principal Place of Business 2455 East Sunrise Blvd. Suite 511 Fort Lauderdale, FL 33304			Mailing Address 2455 East Sunrise Blvd. Suite 511 Fort Lauderdale, FL 33304		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2485 E. Sunrise Blvd. Suite, Apt. #, etc. Suite 202 City & State Sunrise, Florida Zip 33304		3. New Mailing Address, If Applicable 2485 E. Sunrise Blvd. Suite, Apt. #, etc. Suite 202 City & State Sunrise, Florida Zip 33304		4. Date Incorporated or Qualified To Do Business in Florida 8/17/84	
				5. FEI Number 59-2503126	
				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P&D	Frank Galgano	2485 E. Sunrise Blvd. Suite 202	Sunrise, Florida 33304		
8. Name and Address of Current Registered Agent Dominick F. Miniaci 821 East Broward Blvd. Ft. Lauderdale, Florida 33301			9. Name and Address of New Registered Agent Name Frank Galgano Street Address (P.O. Box Number is Not Acceptable) 2485 E. Sunrise Blvd., Suite 202 Suite, Apt. #, Etc. City Fort Lauderdale, State FL Zip Code 33304		
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 _____ Date <u>2/5/97</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ Frank Galgano, President 2/5/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CR2E040 (12/95)