	· 	PLEAS	E READ	ALL INST	RUCTIO	NS BEFORE (COMPLETI	ING THIS FORM.		
	FOR	ION		FLORIDA		MENT OF STATE			76.\	
REINOTATEMENT DIVISION OF CORPORATIONS							FILED			
DOCUMENT # H51665							00 NOV 16 PM 3: 15			
GALT REALTY, INC.							SECRETARY: OF STATE. TALLAHASSEE, FLORIDA			
201 MCGREGOR PARK CIRCLE 201 MCGREGOR FT. MYERS FL 33908 FT. MYERS US					FOELKEK GOR PARK CIRCLE FL 33908					
If above addresses are incorrect in any way, line through incorrect information and 2. New Principal Office Address, If Applicable 3. New Mailing Office Addres							4. Date Incorpo	orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #,					etc.		5. FEI Number	<u>U</u>	4/08/1985 Applied For	
City & State Cit				City & State	City & State			59-2521897	Not Applicable	
Zip Country			Zip Country		Country	6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ac			or Director (Flor	rida nonprofit o	corporations must list at le Street Address of Eac				
Title(s)	Name of Officers and/or Directors			3	Officer and/or Directo	r 	City / Sta	ate / Zip		
DP	POELKER, THOMAS J.				201 MCGF	REGOR PARK CIRCLE		FORT MYERS FL 33908		
,							200003496521 -12/12/0001032012 ****150.00 ****150.00 2000034966521 -12/12/0001032013			
								******8.75		
							····		1/8	
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
Name Name							- <u> </u>		(00/8)	
POELKER, THOMAS J. 201 MCGREGOR PARK CIRCLE ET ANYERS EL 22009 Street Address (F. Suite, Apt. #, Etc.								is Not Acceptable)		
FI. M	iyers FL 3	3908			_	City		State Zip Code		
10 L boins	appointed the	ne registered	agent of the sho) / named com	protton, am fan	nillar with and accept the o	obligations of Sect	FL		
Signature of Registered	of .	re registered	Mu	2/100	ENT MUST SI			Date	2 000	
this rein owed b	statement ap y the corpora	plication, the tion have bee	reason for disso on paid and the i	llution has been names of individ	eliminated, the luals listed on t	e corporate name satisfie:	s the requirements r an exemption un	apter 607 or 617, F.S. I further s of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	401, F.S., that all tees The information indicated	
SIGNA	rure: _	SIGNATURE AN	ID TYPED OR PRI	MED NAME OF	SIGNING OFFICE	ER OR DIRECTOR	HRES	//-/-Z000 Date Da	941- 482 1754 aytime Phone #	

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GALT REALTY INC. C/O T Poelker 201 McGregor Park Circle Ft. Myers, Florida 33908-5424 43.2 451665

Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

To Whom it may concern:

Iam writing as suggested by my phone call to your office.

Please be advised that it appears the original renewal address did not reach me for the timely renewal, as the result of an incomplete address.

I am enclosing for your review a copy of last years cover mailer with forwarding and this years dissolution notice which did reach us. Please see that there is a problem with the address. Since we receive our mail c/o at our residence, as our previous address indicates., this most likely caused the problem if it was not a regular carrier.

I respectfully ask that you waive the penalty fees in this circumstance and accept the original fee of \$150.00 which I am enclosing.

It would be a financial hard ship for me at this time, as I keep the corporation active for my Real Estate License to remain active until I can return to work full time.

I am grateful for your consideration and help in this matter and ask that you please amend the address to show the c/o Thomas Poelker.

Thank You

-Fhomas Poelker

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FLORIDA DEPARTMENT OF STATE Secretary of State Katherine Harris

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

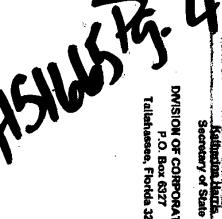
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FLORIDA DIVISION OF CORPORATIONS U.S. POSTAGE PAID FIRST-CLASS MAIL PRESORTED



Tallahassee, Florida 32314

DIVISION OF CORPORATIONS P.O. Box 6327

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