

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -3 PM 12:53

DOCUMENT # L00000011557

1. Limited Liability Company's Name

GALES LLC

2. Principal Office Address

4521 N. Ocean Drive

Suite, Apt. #, etc.

3. Mailing Office Address

4521 N. Ocean Drive

Suite, Apt. #, etc.

City & State

Lauderdale By the Sea, FL

Zip

33308

Country

U.S.

City & State

Lauderdale By the Sea, FL

Zip

33308

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/25/2000

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Candelaria Ramirez

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

4521 N. Ocean Drive

Suite, Apt. #, Etc.

City

Lauderdale By the Sea

State

FL

Zip Code

33308

100004768571-3

-01/11/02--01026--132

****150.00 ****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/02/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President Director Manager/Member	Candelaria Ramirez	4521 N. Ocean Drive	Lauderdale By the Sea Florida 33308

REINSTATEMENT 2001

Rein \$100.00
UBR 50.00
150.00
nc

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

[Signature]

Date

1-2-02

Daytime Phone #

(954)303-9189

Typed or printed name of signing Managing Member/Manager

Candelaria Ramirez