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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000011557

FILED
02 DEC 30 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011557

Name and Mailing Address

0003176 01 FP 0.352 **PRSRT T0 0 0615 33308-361021

GALES L.L.C.
4521 N. OCEAN DRIVE
LAUDERDALE-BY-THE-SEA FL 33308-3610

500009209625
11/25/02--01089--005 **150.00

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. ~~Date Organized or Qualified~~
To Do Business in Florida
09/25/2000

Principal Place of Business
4521 N. OCEAN DRIVE
LAUDERDALE-BY-THE-SEA FL 33308

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

RAMIREZ, CANDELARIA
4521 N. OCEAN DRIVE
LAUDERDALE-BY-THE-SEA FL 33308

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. 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 12/20/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CANELARIA RAMIREZ TRUST	4521 N. OCEAN DRIVE	LAUDERDALE-BY-THE-SEA FL 33308

500009209625
12/30/02--01028--006 **150.00

REINSTATEMENT 2002

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12. 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 11/15/02 Daytime Phone # 954-491-0549

Typed or printed name of signing Managing Member/Manager