

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -4 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016291

1. Limited Liability Company's Name

Gal vests, LLC

700164147357
01/04/10--01044--007 **1248.75
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

350 Camino Gardens Blvd.

Suite, Apt. #, etc.

102

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/21/2001

6. FEI Number

01-0550005

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

Scott H. Adams

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

350 Camino Gardens Blvd

Suite, Apt. #, Etc.

Suite 102

City

Boca Raton

State

FL

Zip Code

33432

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

1/10/04 Adams

REGISTERED AGENT MUST SIGN

Date 12/30/2009

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
MG/M	Scott H. Adams	350 Camino Gardens Blvd Suite 102	Boca Raton, FL 33432

REINSTATEMENT 02-09

11. E-mail Address:

(To be used for future annual report notifications)

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 608.408, 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

1/10/04 Adams

Date 12/30/2009

Daytime Phone # 561-347-5388

Typed or printed name of signing Managing Member/Manager

N. O'Leary JAN - 6 2010