

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000090493

1. Entity Name
GALA PERSONALIZED LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -4 AM 8:56

Principal Place of Business
5055 COLLINS AVENUE APARTMENT 36
MIAMI, FL 33140

Mailing Address
5055 COLLINS AVENUE APARTMENT 36
MIAMI, FL 33140

2. Principal Place of Business
4032 Estepona Ave

3. Mailing Address
4032 Estepona Ave

Suite, Apt. #, etc.

City & State
Doral FL 7

City & State
Doral FL 3

Zip
33178

Country
Dade

Zip
33178

Country
Dade

11012006 REIN-LLC CR2E101 (11/05)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, VERONICA
5055 COLLINS AVENUE APARTMENT 36
MIAMI, FL 33140

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, JOHN 5055 COLLINS AVENUE APARTMENT 36 MIAMI, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500082792885 12/27/06--01030--002 **105.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, VERONICA 5055 COLLINS AVENUE APARTMENT 36 MIAMI, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Veronica Diaz 12/12/2006 308-436 0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Please reinstate my LLC. I created this company last year in New York moved to Miami and didn't know that I had to pay a fee annually. My CPA had not mentioned and I didn't receive any mail because I moved from my original location.

Sincerely

Vanessa Diaz

Manager

Gala Personalized LLC.