

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

00 FEB 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1753425

1. Corporation Name

PALS & GALS, INC.

Mailing Address

Principal Place of Business

**2616 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312**

**2616 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312**

REINSTATEMENT

93-200

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
06/05/1987

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/S	PATRICK A. SMILEY	2275 S.W. 44TH STREET	FORT LAUDERDALE, FL 33312
V-	PATRICIA ANN SMALLS	2275 S.W. 44TH STREET	FORT LAUDERDALE, FL 33312

200003155702--E
-03/03/00--01005--015
***1808.75 ***1808.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PATRICIA ANN SMALLS
2275 S.W. 44TH STREET
FORT LAUDERDALE, FL 33312**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patricia Ann Smalls

REGISTERED AGENT MUST SIGN

Date

2/11/2000

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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:

Patricia Ann Smalls

PATRICIA ANN SMALLS

Date

Daytime Phone #

2/11/2000

954

987-1906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR-10040 (6/94)

M53425

2

02/11/2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

RE: PALS & GALS, INC. 08/05/1997 997000067628

THIS CORPORATION WILL NOT BE REINSTATED AND THEREFORE WE RELEASE
THE NAME TO THE ORIGINAL CORPORATION THAT WAS FILED 06/05/1987.

THANK YOU,

Lala Ruth Barnes
LALA RUTH BARNES

PATRICK A. SMILEY

PATRICIA S. MANLEY
My Comm Exp. 8/11/00 /
Bonded By Service Ins
No. CC547117

☐ Personally Known ☒ Other I.D.

PATRICIA S. MANLEY
My Comm Exp. 8/11/00 /
Bonded By Service Ins
No. CC547117

☐ Personally Known ☒ Other I.D.