

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M53425

1. Corporation Name

PALS & GALS, INC.
4141 NORTH MIAMI AVE
MIAMI, FL. 33127

2. Principal Office Address

4141 NORTH MIAMI AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33127

Country

USA

3. Mailing Office Address

P.O. BOX 101477

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33310

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0831669

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

SMILEY, PATRICK A

Street Address (P.O. Box Number is Not Acceptable)
4501 S.W. 25TH TERRACE

Suite, Apt. #, Etc.

City

DANIA BEACH, FL.

State

FL

Zip Code

33312

000035259120

05/03/04--01052--008 **150.00

000035259120

05/03/04--01052--009 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/30/2004

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	PATRICK A SMILEY	4501 S.W. 25TH TERRACE	DANIA BEACH, FL. 33312

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]

PATRICK A. SMILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2004

Date

1-866-581-34257

Daytime Phone #

6

2 of 2

April 29, 2004

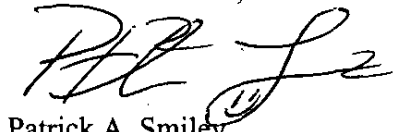
From: Pals & Gals, Inc.
P.O. Box 101477
Fort Lauderdale, Fl. 33310

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

Our company did not receive the "2003" notice for filing.
Should you have any questions or concern please call our office at (866)
813-4257.

Thanks in advance,

A handwritten signature in black ink, appearing to read 'P. A. Smiley', with a stylized flourish at the end.

Patrick A. Smiley
Pres.