PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 DEC -3 PM 2:24

DOCUMENT # P00000016063

1. Corporation Name
Galiano Construction Corp.

900025125629
12/11/03--01050--029 **750.00

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
30 West Mashta Dr	30 West Mashta Dr
Suite, Apt. #, etc.: 405	Suite, Apt. #, etc.: 405
City & State: Key Biscayne FL	City & State: Key Biscayne FL
Zip: 33149 Country: US	Zip: 33149 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1040940 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Rafael Yaques

Street Address (P.O. Box Number is Not Acceptable): 30 West Mashta Dr. Suite 405

Suite, Apt. #, Etc.:

City: Key Biscayne State: FL Zip Code: 33149

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 X _____ REGISTERED AGENT MUST SIGN Date NOV.2003.

C32EB61 (10/02)

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
D, P	Rafael Yaques	30 West Mashta Dr #405	Key Biscayne FL 33149

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: X _____ NOV2003. 305-3616618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #