

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000083505

1. Corporation Name

American Galion Consulting, Inc.

2. Principal Office Address

700 E. Dania Beach Blvd

Suite, Apt. #, etc.

Suite 202

City & State

Dania, FL.

Zip

33004

Country

3. Mailing Office Address

700 E. Dania Beach Blvd

Suite, Apt. #, etc.

Suite 202

City & State

Dania, FL.

Zip

33004

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/05/00

5. FEI Number

65-1040566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

WOP

7. Name and Address of Current Registered Agent

Name

Vivies, Patrick

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

700 E. Dania Beach Blvd

Suite, Apt. #, Etc.

Suite 202

City

Dania

State

FL

Zip Code

33004

800039065108
07/13/04--01059--003 **49.00

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

Date 07/01/04

REGISTERED AGENT MUST SIGN

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
PD	Dutour Thierry	700 E. Dania Beach Blvd #202	Dania, FL. 33004

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/04

Date

954-929-4475

Daytime Phone #

CR2E081 (01/04)

PATRICK VIVIES CPA, PA
CERTIFIED PUBLIC ACCOUNTANT

700 E. DANIA BEACH BLVD.
SUITE 202
DANIA, FL 33004

Phone: (954) 929-4475
Fax : (954) 929-6221

July 2, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement
American Galion Consulting, Inc.
65-1040566

Dear Sir or Madam:


Please find enclosed a reinstatement form and a check of \$ 450.00 for the above-mentioned corporation.

Our client had moved out of state at the end 2001 and, therefore, never received any of the annual reports since 2002.

We discovered this by chance when we checked on all our clients on your web site.

We would greatly appreciate that you will accept to cancel the penalties for late filling and reactivate this company.

Sincerely,



Patrick Vivies, CPA PA