

APPROVED  
AND  
FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY 10 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000115166**

1. Corporation Name

**SIDNEY G. GALLOWAY, P.A.**

300075285053  
05/25/06--01019--010 \*\*750.00

W06-17340

2. Principal Office Address

**769 SUMMER OAKS CT**

Suite, Apt. #, etc.

City & State

**OVIEDO, FL**

Zip

**32765**

Country

3. Mailing Office Address

**769 SUMMER OAKS CT**

Suite, Apt. #, etc.

City & State

**OVIEDO, FL**

Zip

**32765**

Country

**SEMINOLE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/01/2001**

5. FEI Number

**59-3685202**

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

**SIDNEY G. GALLOWAY**

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

**769 SUMMER OAKS CT**

Suite, Apt. #, Etc.

City

**OVIEDO,**

State

**FL**

Zip Code

**32765**

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

**3/31/06**

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
<b>PRES</b>	<b>SIDNEY G. GALLOWAY</b>	<b>769 SUMMER OAKS CT</b>	<b>OVIEDO, FL 32765</b>

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 contained in Chapter 119, 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

Date

**3/31/06**

Daytime Phone #

407-  
421-9990

5117  
40

March 23, 2006

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

Re Sidney G. Galloway, P.A.  
Document # P00000115166

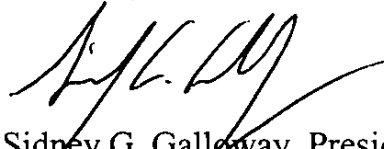
Ladies/Gentlemen:

Enclosed is the corporation reinstatement form for the above referenced corporation.

This is to respectfully request a waiver of the reinstatement fee for this corporation for reasonable cause. No notice was ever received to register the corporation.

You favorable consideration of this request will be sincerely appreciated.

Very truly yours,

A handwritten signature in black ink, appearing to read 'S.G. Galloway', with a long, sweeping horizontal stroke extending to the right.

Sidney G. Galloway, President  
Sidney G. Galloway, P.A.

SGG:s

enclosure