

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -2 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000095280*

1. Corporation Name

THE GALIL GROUP, INC

2. Principal Office Address

7355 NW 35 ST

Suite, Apt. #, etc.

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33122

Country

USA

Zip

Country

REINSTATEMENT

03-04

MRD

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

10-01-2001

5. FEI Number

65-1143057

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

BARBARA C. ROMERO

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

15610 SW 63 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

Barbara C. Romero

Date

10-31-04

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
P	BARBARA C. ROMERO	15610 SW 63 TERR	MIAMI FL 33193

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:

Barbara C. Romero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-04

305

223-3187
Daytime Phone #

CR2E061 (9/00)

292
The Gail Group, Inc.
7355 NW 35 St.
Miami, Fl 33122.

Dept of Reinstatement of
Corp.

Tallahassee, Fl.

Oct 31, 2004.

Doc# PO1000095280

Dear Sir/Madam,

I am writing to request a waiver of
fee for reinstatement. In the last two
years we moved and I ended up in the
hospital. The cooperation was by my
instructions on the phone to the new
president. Also, we never received the renewal
forms.

Kindly waive the fee and accept our
check in the amount of \$ 300.00.

Sincerely yours,

Barbara C Romero.