

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 23 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009676754
12/24/02--01062--002 **758.75

DOCUMENT # P01000098985

1. Corporation Name

GALVAN LABOR, INC.

2. Principal Office Address

7420 East County Road #720

Suite, Apt. #, etc.

City & State

Moore Haven, FL

Zip

33471

Country

USA

3. Mailing Office Address

P. O. Box 1813

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip

33440

Country

USA

REINSTATEMENT

02

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

5. FEI Number

65-1143389

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

Melanie A. McGahee, Esq.

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

417 West Sugarland Highway

Suite, Apt. #, Etc.

City

Clewiston

State
FL

Zip Code

33440

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

Melanie A. McGahee

REGISTERED AGENT MUST SIGN

Date **12-23-02**

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
P	Gumaro Martinez, Sr.	7420 East County Road 720	Moore Haven, FL 33471
VP	Francisco Galvan	7420 East County Road 720	Moore Haven, FL 33471
S	Oscar Galvan	7420 East County Road 720	Moore Haven, FL 33471
T	Gumaro Martinez, Jr.	7420 East County Road 720	Moore Haven, FL 33471

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

Gumaro Martinez, Sr.

Date

12-23-02

Daytime Phone #

HELANIE A. MCGAHEE, ESQ.

(863) 983-1677

CR2E081 (9/01)