

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -2 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027344

1. Corporation Name

GAL REAL ESTATE Corp.

2. Principal Office Address

2550 Hunters Run Way

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

Broward

3. Mailing Office Address

2550 Hunters Run Way

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

T. Roberts MAY
March 12, 2002

5. FEI Number

37-144228

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

GERARDO LLANES

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

2550 Hunters Run Way.

Suite, Apt. #, Etc.

City

WESTON, FL

State

FL

Zip Code

33327

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

G. Llanes

Date Apr 23, 2005

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
Pres.	GERARDO LLANES	2550 Hunters Run Way	WESTON, FL 33327

000054295840
05/11/05--01064--023 **1050.00

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:

G. Llanes

Gerardo Llanes

Apr 23 2005

954-385-0279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #