

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075983

1. Corporation Name

Galmon Enterprises, Inc.

9566 NW 41 Street

9566 NW 41 Street

2. Principal Office Address

9566 NW 41 Street

Suite, Apt. #, etc.

3. Mailing Office Address

9566 NW 41 Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

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

07-12-02

5. FEI Number

16-1629914

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

Armando Hernandez

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

Suite, Apt. #, Etc.

720

City

Miami

State

FL

Zip Code

33134

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

10/13/04

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
PSTD	Patricia Montalvo	9566 NW 41 Street	Miami, FL 33178

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:

Patricia de la Garza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-2004 305-577-3511

Daytime Phone #

CR2081 (01/04)