

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000081269

1. Corporation Name

GALVEZ INVESTMENTS, INC.

Principal Place of Business

18520 NW 67 AVE. STE 178
MIAMI FL 33015

Mailing Address

18520 NW 67 AVE. STE 178
MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	GALVEZ, MIGUEL G	18520 NW 67 AVE, STE 178	MIAMI FL 33015
VTD	GALVEZ, LAZARA M	18520 NW 67 AVE, STE 178	MIAMI FL 33015

800024390188
11/03/03--01105--006 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Miguel G. Galvez
REGISTERED AGENT MUST SIGN

Date

10/22/03

11. 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

Date

Daytime Phone #

Miguel G. Galvez Miguel G. GALVEZ-10-21-03-786-4872884

FILED

03 OCT 23 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)



GALVEZ INVESTMENT
18520 NW 67 AVENUE #178
Miami, FL 33015
(305) 786-859-1251
Fax: (305) 621-7249

October 20, 2003

Florida Department of State
Division of Corporation
Annual Report/Reinstatement Section
P O BOX 6327
Tallahassee, Fl 32314-6327

RE: GALVEZ INVESTMENT Document #P02000081269:

To Whom It May Concern:

Please be advised that we never received the Uniform Business Reports and hereby request reinstatement to active status.

See attached the application for reinstatement with the UBR filing fee of \$150.00.

Thanking you in advance.

Sincerely;

A handwritten signature in cursive script that reads "Lazara M. Galvez".

Lazara M. Galvez
Vice President