Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : WNF LAW, P.L.
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Phone : (305)760-8500
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CORPORATION REINSTATEMENT
GALMOR REAL ESTATE INVESTMENTS, INC.

Certificate of Status	0
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MAY. 6. 2010 10:49AM WNF LAW, P. L. (((NO. 370)) P. 2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY -5 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099457

1. Corporation Name
GALMOR REAL ESTATE INVESTMENTS, INC.

REINSTATEMENT 08-10

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16299 Biscayne Blvd.	Same as principal address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach, FL	City & State
Zip: 33160 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/13/2002

5. FEI Number: 42-1552481 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WNF LAW PL.
Street Address (P.O. Box Number is Not Acceptable): 201 So. Biscayne Blvd.
Suite, Apt. #, Etc.: Miami Center - 34th Floor
City: Miami, State: FL Zip Code: 33131

PROFIT CORPORATIONS ONLY

☒ The $600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 5/5/2010

REGISTERED AGENT MUST SIGN Luis S. Konski, Esq.

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
DPS	MARCELO MORENO	16299 Biscayne Blvd.	North Miami Beach, Fl 33180

10. E-mail Address: JP@WNFLAW.COM
(To be used for future annual report notification)

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. I further certify, 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: _____ 5/5/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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