

ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

00347

FILED

04 MAR 26 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

000031280970  
03/26/04--01086--006 \*\*300.00

GALIC, CORP.

2. Principal Office Address  
1512 WASHINGTON AVE 3 FLR

Suite, Apt. #, etc.  
STE 21

City & State

MIAMI BEACH, FL

Zip  
33141

Country  
USA

3. Mailing Office Address

1512 WASHINGTON AVE 3 FLR

Suite, Apt. #, etc.  
STE 21

City & State

MIAMI BEACH, FL

Zip  
33141

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 09/17/2002

5. FEI Number

510426418

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  
ROSANA I SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)  
1512 WASHINGTON AVE 3 FLR

Suite, Apt. #, Etc.  
STE 21

City  
MIAMI BEACH

State  
FL

Zip Code  
33141

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 [Signature] Date 03/17/2004  
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

DP

SANCHEZ ROSANA I

1512 Washington Ave 3 FLR STE 21

MIAMI BEACH, FL 33141

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/04  
Date

1786712146  
Daytime Phone #

CR2E081 (01/04)

B 2.22

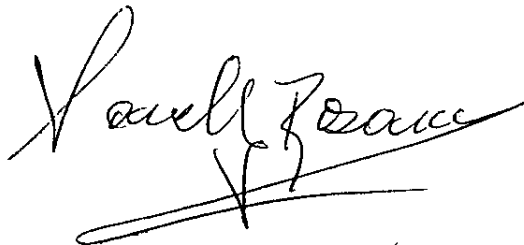
Division of Corporation  
PO Box 6327  
Tallahassee, Fl 32314

Per instruction from Division of Corporation, I am attaching a check in the amount of \$300 for the Corporation Reinstatement for 2003, and Annual Report Fee for 2004 with my application.

I also state that I have not received any notice from the Division of Corporation in respect with my Corporation **GALIC, CORP.** Document Number P02000100347.

Thank you very much for your courtesy in his matter.

Rosana I Sanchez  
President

A handwritten signature in cursive script, appearing to read "Rosana I Sanchez", with a long horizontal flourish underneath.