

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 AUG 23 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000131393**

1. Corporation Name

Galleon Solutions, Inc.

WI-37570

900184168439  
08/09/10--01057--006 \*\*750.00

**REINSTATEMENT** 06-10  
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

14835 Tudor Chase Drive

Suite, Apt. #, etc.

3. Mailing Office Address

14835 Tudor Chase Drive

Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa

Zip

33626

Country

US

Zip

33626

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida 12/13/2002

5. FEI Number

542087104

☐ 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

BESNARD, MINDEE

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

14835 Tudor Chase Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

900184168439  
08/23/10--01002--013 \*\*600.00

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

*Mindee A Besnard*

Date 7/30/2010

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
P	Mindee Besnard	14835 Tudor Chase Drive	Tampa, FL 33626

10. E-mail Address: mbesnard3@yahoo.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:

*Mindee A Besnard*

7/30/2010

8137601100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/23aw