

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC -8 PM 12:58

RECEIVED  
12/17/05

DOCUMENT # P03000143714

1. Corporation Name

GAL DRYWALL INC.

2. Principal Office Address

660 CECINA WAY

Suite, Apt. #, etc.

APT. A

City & State

KISSIMMEE FL

Zip

34741

Country

USA

3. Mailing Office Address

660 CECINA WAY

Suite, Apt. #, etc.

APT. A.

City & State

KISSIMMEE FL

Zip

34741

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/2003

5. FEI Number

20-0448965

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

BERMAN A. LOPEZ

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

660 CECINA WAY

Suite, Apt. #, Etc.

APT. A.

City

KISSIMMEE

State

FL

Zip Code

34741

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

REGISTERED AGENT MUST SIGN

Date

12/05/05

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	BERMAN A. LOPEZ	660 CECINA WAY - "A"	KISSIMMEE, FL 34741
VP	JOSE O. FUENTES	2201 PONTINA CT. "C"	KISSIMMEE, FL 34741
T	JAIME A. TORRES	2201 PONTINA CT. "C"	KISSIMMEE, FL 34741

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/05/05

Daytime Phone #