

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 25 PM 1:58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144336

1. Corporation Name

ALPARK GALLARDO INC.

REINSTATEMENT 06-07

CR2E081 (1/07)

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

150 NORTH AVENUE

Suite, Apt. #, etc.

108/105

City & State

PALM BEACH, FL

Zip

33480

Country

USA

3. Mailing Office Address

DORRA SHAW & DUGAN

Suite, Apt. #, etc.

270 SOUTH CANYON ROAD

City & State

PALM BEACH, FL

Zip

33480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/2003

5. FEI Number

810638914

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

DORRA SHAW

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

270 SOUTH CANYON ROAD

Suite, Apt. #, Etc.

PALM BEACH

City

State
FL

Zip Code
33480

☐ The 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

Dorra Shaw

REGISTERED AGENT MUST SIGN

Date 9/24/2007

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
MR	RENE GALLARDO	1071 SW 138 Avenue	MIAMI, FL 33184-3002
MR	SAMI ALPARK	434 NW 1st Avenue # 205	FORT LAUDERDALE, FL 33301
DR.	JOSEPH ALPARK	434 NW 1st Avenue # 205	FORT LAUDERDALE, FL 33301
	<u>7/9/27</u>		
			300109894623 09/25/07--01034--014 **908.75

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 contained in Chapter 119, 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:

SAMI ALPARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/07
Date

(917) 854-0166
Daytime Phone #