

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 APR 24 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06 *DEC*



04192006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000027326
1. Entity Name
T & G INVESTMENT ENTERPRISES, INC

Principal Place of Business
**5102 DALEWOOD LANE
LAKE WORTH, FL 33467**

Mailing Address
**5102 DALEWOOD LANE
LAKE WORTH, FL 33467**

2. Principal Place of Business
800 Triana Street

3. Mailing Address
P.O. Box 16855

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33413

Country
USA

Zip
33416

Country
USA

4. FEI Number
20-0659997

Applied For:
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GALLO, THOMAS
5102 DALEWOOD LANE
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent
Name
Thomas Gallo
Street Address (P.O. Box Number is Not Acceptable)
800 Triana Street
City
West Palm Beach **FL** Zip Code
33413

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas Gallo* (NOTE: Registered Agent signature required when reinstating) DATE **4/19/06**

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLO, THOMAS 5102 DALEWOOD LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Triana Street West Palm Beach, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700073770087	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Gallo* DATE **4/19/06** (561) 722-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR