

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000067228

1. Corporation Name

AGAL GROUP, INC.

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

7380 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FLORIDA

Zip

32819

Country

US

3. Mailing Office Address

7380 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FLORIDA

Zip

32819

Country

US

**7. Name and Address of Current Registered Agent**

Name

ANWAR GAIDA

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

7380 SAND LAKE ROAD

Suite, Apt. #, Etc.

SUITE 500

City

ORLANDO

State

FL

Zip Code

32819

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22-2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

*Anwar Gaida*

Date 10/10/2008

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
CEO	ANWAR GAIDA	7380 SAND LAKE ROAD, SUITE 500	ORLANDO, FL 32819

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:

*Anwar Gaida*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2008

Date

Daytime Phone #

FILED

08 OCT 10 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-08

CR2E081 (12/07)

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10/10/08