

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04000067228

1. Corporation Name

AGAL GROUP, INC.

2. Principal Office Address - No P.O. Box # 7380 SAND LAKE ROAD		3. Mailing Office Address 7380 SAND LAKE ROAD	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. SUITE 500	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32819	Country US	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

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 Amwar 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

000136894270
10/14/08-01013-002 **600.00

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: Amwar 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

CR2E081 (1207)

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.

06-08