

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL -2 PM 2:47

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P04000120708

GALLO MANAGEMENT SERVICES CORP.

REINSTATEMENT

05-07

CR2E081 (1/07)

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

10532 SW 114 STREET

3. Mailing Office Address

10532 SW 114 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

Zip

33176

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2004

5. FEI Number

20-1519802

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
ELENA M LUZARRAGA

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

10532 SW 114 STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33176

☒ 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

Elena M Luzarraga
REGISTERED AGENT MUST SIGN

Date **06/05/2007**

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
P, D	ELENA M LUZARRAGA	10532 SW 114 STREET	MIAMI/FL/33176

308105166613
07/02/07--01068--027 **450.00

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:

Elena M Luzarraga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/2007
Date

(786)253-1231
Daytime Phone #