

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -9 PM 3:12

DOCUMENT # 705000014575

1. Corporation Name

Richard Galli, Inc

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

3072 N Oak St

Suite, Apt. #, etc.

3. Mailing Office Address

3072 N Oak St

Suite, Apt. #, etc.

City & State

Crestview FL

Zip

32539

Country

USA

City & State

Crestview FL

Zip

32539

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2005

5. FEI Number

651241609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAP Your Accounting SERVICES, INC.

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

240 Buck Road

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

☒ 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

Michele Platt

REGISTERED AGENT MUST SIGN

Date

05/25/2009

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 | Richard B Galli | 3072 N Oak St | Crestview FL 32539 |
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REINSTATEMENT

07-09^{KS}

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:

Richard Galli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/25/2009

Daytime Phone #