

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

10 APR 30 AM 10:19

DOCUMENT # P05000126103

1. Corporation Name

GAL INTERNATIONAL, INC

400178856624
04/29/10--01009--020 **300.00

KS

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

900 W 49th Street

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 505

Suite, Apt. #, etc.

City & State

HIACLEAH

City & State

Zip

33012

Country

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-13-2005

5. FEI Number

861156136

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

ALEMANY, GERARDO

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

900 W 49th ST.

Suite, Apt. #, Etc.

SUITE 505

City

HIACLEAH

State

FL

Zip Code

33012

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04-28-10

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
PD	ALEMANY, GERARDO	900 W 49th ST SUITE 505	HIACLEAH, FL 33012
ID	LUPI, ALEJANDRO	900 W 49th ST Suite 505	HIACLEAH, FL 33012

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-10

Date

Daytime Phone #