

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **FORMED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 MAR -2 A 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000156215

1. Corporation Name

GALO'S DECORATION, INC.

300171034143
03/02/10--01041--001 **450.00

2. Principal Office Address - No P.O. Box #
21620 YELLOWSTONE PARK CIR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

Zip

33428

Country

USA

Zip

Country

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 11/28/2005

5. FEI Number
20-3851793

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

DA COSTA, VILMA B

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

21620 YELLOWSTONE PARK CIR

Suite, Apt. #, Etc

City

BOCA RATON, FL

State

FL

Zip Code

33428

☒ 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

Date 02/26/2010

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
PD	DA COSTA, VILMA B	21620 YELLOWSTONE PARK CIR	BOCA RATON, FL 33428
VP	COSTA, WALTER W.	21620 YELLOWSTONE PARK CIR	BOCA RATON, FL 33428

REINSTATEMENT

08-10
MS

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: *Vilma B Costa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/10

Date

Daytime Phone #