2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000022430  1. Entity Name GALINDO INSURANCE SERVICES, INC							2008 NOV 24 AM 11: 13			
Principal Place of Business 10067 PINES BLVD. SUITE A-WEST PEMBROKE PINES, FL 33024 US				Mailing Address 10067 PINES BLVD. SUITE A-WEST PEMBROKE PINES, FL 33024 US			いっち では、「SEE、FLORIDA 「MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN			
Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.				3. Mailing Address 12035 SW 181 Terrace Suite, Apt. #, etc.			REINSTATEMENTOS			
				City & State ' C /			4. FEI Numbe			
City & State				Miami FL			20-440	06887 Not Applicable		
Zip		Country	3	3177	Cour	ade	5. Certificate	of Status Desired	3 <b>\$8.75</b> Fee Req	Additional uired
	6. Name	and Address of Curre	nt Regis	tered Agent	Name	7. Name and	Address of New Regist	tered Agent		
GALINDO, ILEANA						Street Address (P.O. Box Number is Not Acceptable)				
12035 SW 181 TERRACE MIAMI, FL 33177						Address (F.O. box Number is Not Acceptable)				
									7:-	004-
						City				Code
8. The above named-entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  (NOTE: Registered Agent signature regulated when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00								In accordance with s corporation did not o		
10.	Р	OFFICERS AN	ND DIRE		11.		ADDITIONS	CHANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GALINDO, ILEANA NA 12035 SW 181 TERRACE STR						م		Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP							i 1/24	<del>301 3023</del> 1/0801053	013 🖼	90.00 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l					- 1			☐ Char	nge 🗀 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l			☐ Chai	nge 🗋 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		· [			☐ Chai	nge 🗌 Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.										
SIGNATURE: SIGNATURE OF PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR Date District Proper of District										