


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P06000070554

1. Corporation Name

GALAN THEN INTERNATIONAL, INC

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

3408 GLOSSY LEAF LN

Suite, Apt. #, etc.

City & State

CLERMONT, FL.

Zip

34711

Country

USA

3. Mailing Office Address

P.O. BOX 149020

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip

33114

Country

USA

7. Name and Address of Current Registered Agent

Name

TEOBALDO J. GALAN

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

3408 Glossy Leaf Ln

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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 10/07/2008

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	TEOBALDO J. GALAN	3408 Glossy Leaf LN	CLERMONT, FL 34711
VP	MARY THEN	3408 Glossy Leaf LN	CLERMONT, FL 34711

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2008

Date

Daytime Phone #

305 394-6920

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -5 AM 8:45

400136979134
03/05/09--01039--010 **100.00

400136979134
10/16/08--01030--014 **358.75

REINSTATEMENT 07-09 K5

4. Date Incorporated or Qualified
To Do Business in Florida 05/19/2006

5. FEI Number
20-4920934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.