

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -9 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000076083

1. Corporation Name

GALLERY ONE 311 CORP.

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

8260 NW 14th ST

Suite, Apt. #, etc

EPS # P-2069

City & State

DORAL FL

Zip

33126

Country

USA

3. Mailing Office Address

8260 NW 14th ST

Suite, Apt. #, etc

EPS # P-2069

City & State

DORAL FL

Zip

33126

Country

USA

500175182705
04/09/10--01034--011 **1200.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2006

5. FEI Number

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

KARINA CORTORREAL

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

2541 EAGLE RUN DR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

☐ 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

REGISTERED AGENT MUST SIGN

Date 4/6/2010

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	EDUARDO A. CRUZ	8260 NW 14 ST EPS P2069	DORAL FL 33126
SD	KARINA CORTORREAL	8260 NW 14 ST EPS P2069	DORAL FL 33126

10. E-mail Address: ECRUZDR@YAHOO.COM

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/10

Daytime Phone #