

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

11 JUL -7 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 010000079600

1. Corporation Name

GALDAKAOKO CORP.

**Registered Agent Change
Only. Reinstatement Not
Required. SPT 10-26-11**

2. Principal Office Address - No P.O. Box #
843 SW 3rd ST

3. Mailing Office Address
843 SW 3rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HALLANDALE, FL

City & State
HALLANDALE, FL

Zip Country
33009 USA

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33009 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number Applied For
37-1610256 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
CESAR BRINGAS

Street Address (P.O. Box Number is Not Acceptable)
843 SW 3rd ST

Suite, Apt. #, Etc.

City
HALLANDALE, FL

State
FL

Zip Code
33009

400208191534
06/03/11--01027--003 **\$35.00

900209724299
07/07/11--01023--007 **\$500.00

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

Cesar Bringas

REGISTERED AGENT MUST SIGN

Date 07/01/2011

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	GERMAN LARA	843 SW 3rd ST	HALLANDALE, FL 33009

10. E-mail Address: eecoled@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Cesar Bringas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/2011 305 316 1676

Date

Daytime Phone #

*MSD
7/7*