

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9930000045161
1. Corporation Name Gallatin Management Corp. inc

Principal Place of Business Mailing Address
~~4512 Old Saybrook Ave~~
~~Tampa, FL 33624~~

REINSTATEMENT 94-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
14316 Kellingsrew Pl
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
June 1993

5. FEI Number
59-3195071

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>Pres</u>	<u>Leonard J Taylor</u>	<u>14316 Kellingsrew Pl</u>	<u>Tampa, FL 33624</u>
<u>Sec Treas</u>	<u>Michael D Glisson</u>	<u>13901 Middle Park Dr</u>	<u>Tampa, FL 33624</u>
			<u>Adm 575.00</u>
			<u>AK 61.25</u>
			<u>AKsupp 138.75</u>
			<u>JB 1125-96</u>

8. Name and Address of Current Registered Agent
Leonard J Taylor
14316 Kellingsrew Pl
Tampa, FL 33624

9. Name and Address of New Registered Agent
Name
500002016415--3
Street Address (P.O. Box Number is Not Accepted)
11/27/96 01100-006
****775.00 ****775.00
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date 11/4/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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] Date 11/19/96 Daytime Phone # (813) 962-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (12/95)