

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 94000061305

1. Corporation Name

JOSEPH GALLO INC

REINSTATEMENT 03

900024506429

11/07/03--01033--024 **150.00

2. Principal Office Address

1901 NE 42 ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

Zip

33308

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/94

5. FEI Number

650510891

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

JOSEPH T. GALLO

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

1901 NE 42 ST

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33308

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

Joseph T. Gallo

REGISTERED AGENT MUST SIGN

Date

11-03-03

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	JOSEPH GALLO	1901 NE 42 ST	FT LAUD. FL 33308

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 under section 119.07(3)(i), 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:

Joseph T. Gallo

JOSEPH T. GALLO

11-03-03

954 882 9650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Certified General Contractor
CGCA 17675

Licensed & Insured

J. GALLO CONSTRUCTION, INC.

840 NW 7th Avenue
Fort Lauderdale, FL 33311
www.jgallo.com

Phone (954) 766-9850 • Fax (954) 567-9508

Beeper (954) 231-3279 • Cel (954) 849-9187

Nov 3 03

To whom it may concern:

I have filled out a corporation reinstatement form and enclosed \$150⁰⁰. The reason I did not file my annual form last year is that I had moved to a new address and did not receive your renewal form. Please waive the reinstatement fee.

Thank You

Joseph Gallo

1901 NE 42 ST

Ft Lauderdale FL 33308