

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **PA4000078249**

FILED
 97 FEB 19 AM 11:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name
GALLOWAY ESTATES AT KENDALL, INC.
15221 S.W. 144 Street
Miami, Florida 33196

Principal Place of Business Mailing Address
15221 S.W. 144 Street
Miami, Florida 33196

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

| | | | | | |
|---|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number | |
| City & State | | City & State | | 65-0532820 | |
| Zip | | Country | | Applied For | |
| | | | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | |

| 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 |
| P/VP/S | CARLOS G. FERNANDEZ | 7810 S.W. 84 Court | Miami, Florida 33143 |
| | | | 300002094829--6 -02/24/97--01001--005 *****3.00 *****3.00 |
| | | | 300002094829--6 -02/24/97--01001--004 ****912.00 ****912.00 |

REINSTATEMENT 96-97

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| DONALD M. DARRACH, ESQUIRE 9450 S. DIXIE HIGHWAY PH 2 Miami, Florida 33156 | | Name CARLOS G. FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 15221 S.W. 144 Street Suite, Apt. #, Etc. | |
| | | City Miami | |
| | | State FL | |
| | | Zip Code 33196 | |

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: Date: **2/14/97**

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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/14/97** Daytime Phone #: **(305) 252-1020**

CR2E046 (12/96)