

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 NOV 16 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DOCUMENT # PA5000001244  
 1. Corporation Name Galcot Inc.  
9000 SW 94th  
miami FL 33176 198000020105

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 9/95

2. New Principal Office Address, If Applicable <u>2224 University Dr.</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State <u>Coconut Springs FL</u>	City & State	5. FEI Number <u>60-0624858</u>
Zip <u>33071</u>	Country <u>Broward</u>	Applied For Not Applicable
Zip <u>33071</u>	Country <u>U.S.A</u>	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
Pres.	Brian J. Galvin	9000 SW 94th	miami FL 33176
Treas	Jo Anne Galvin	9000 SW 94th	miami FL 33176

300002692783--7  
 -11/20/98--01060--014  
 \*\*\*1050.00 \*\*\*1050.00

BR 11/16

8. Name and Address of Current Registered Agent <u>Brian J. Galvin</u> <u>9000 SW 94th</u> <u>miami FL</u> <u>33176</u>	9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____
---	---

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 8/27/98  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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] 8/27/98 305-279-7156  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Brian J. Galvin

CR2E040 (1/98)