

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 NOV 24 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016157

1. Corporation Name
G.A.L. COMMUNICATIONS OF SOUTH FLORIDA INC.

Principal Place of Business
**13500 S.W. 181ST STREET
MIAMI FL 33015**

Mailing Address
**13500 S.W. 181ST STREET
MIAMI FL 33015**



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

2. New Principal Office Address, If Applicable 18520 N.W. 67 Ave Suite, Apt. #, etc. SUITE 249 MIAMI		3. New Mailing Office Address, If Applicable 18520 N.W. 67 Ave Suite 249 City & State MIAMI, FL. Zip 33015 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 02/21/1996	
City & State MIAMI, FL.		City & State MIAMI, FL.		5. FEI Number 65-0642133	
Zip 33015		Country USA		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	LAZARUS, RONALD A.	18520 N.W. 67th Ave Suite 249	MIAMI FL 33015
P			

8. Name and Address of Current Registered Agent LAZARUS, RONALD A 18500 S.W. 181ST ST. MIAMI FL		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18520 N.W. 67 Ave Suite, Apt. #, Etc. Suite 249 City MIAMI State FL Zip Code 33015	
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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 Ronald A. Lazarus REGISTERED AGENT MUST SIGN Date 11/18/97

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)(l), 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: Ronald A. Lazarus 11/18/97 305-965-8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (9/97)