## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION PAPEREINSTATEMENT	A C
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

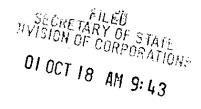
P96000016157 **DOCUMENT #** 

1. Corporation Name

G.A.L. COMMUNICATIONS OF SOUTH FLORIDA INC.

Principal Place of Business

Mailing Address



18520 NW 67TH AVENUE 18520 NW 67T STE 249 STE 249 MIAMI FL 33015 MIAMI FL 3301									
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 Mailin 1850 N.D. 67 AVE 3. Suite Apt. #. gtc.						proprated or Qualified siness in Florida 02/21/1996			
PMB#249 PA			13 7 24 9 5. FEI Nur		5. FEI Numbe		Applied For		
City & State  MIAMIFL  City & State  MIF		ami FL			65-0642133	Not Applicable			
Zip 33	015 Country 45A	Zip 330	o15 Countr	3H		OF STATUS DESIRED [ \$8.7	75 Additional Fee required or a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors 3		Street Address of Each Officer and/or Director		City / State / Zip				
٧ .	LAZARUS, RONALD 18520 N			AVENUE, PMB 24	9	MIAMI FL 33015			
Р .	LAZARUS, GARY A	18520 NW 67TH AVE., PMB 249			HIALDANT FL 33015 MIAM (FL 33015				
					3000046579030				
						****150.00 ****150.00			
					• ***		4		
			****				Biolina		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
Name						5-0 ·			
LAZARUS, GARY A  14531 CEDAR CT  Street Addres			Street Address (P.	P.O. Box Number is Not Acceptable)					
1.01.2.4.0.1.4.1.00.0.0.0.0.0.0.0.0.0.0.0.0.0.			Suite, Apt. #, Etc.	uite, Apt. #. Etc.					
City					State FL	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 Agent Registered Agent MUST SIGN									

11. 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 THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01 305-261-1919

G.A.L. Communications of So. FL., Inc. 18520 N.W. 67<sup>th</sup> Ave. PMB #249 Miami, FL 33015 305-261-1919 F: 305-823-3211

E-mail: lazarus@netside.net

10-15-01

Department of State, Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314 850-245-6059

Dear Sirs,

I am writing this letter in response to the "Notice of Administrative Dissolution or Revocation" paper I received in the mail on 10-12-01. This disturbed me greatly, so I called immediately to your office to explain. I haven't received any other notification from your department this year. Last year I put on the application that the address had changed and you made that change in the lower part under item #7, but you didn't make the change in Principal place of business or mailing address. As of June 2000 the post office doesn't allow Suite (Ste.) to be used and most of the time will not deliver mail if suite is used. It must be PMB (Postal Mail Box).

I am including a check for \$150.00 and requesting that the penalty be waived. Also that you change your records to indicate the change of address for me.

Thank You,

Gary A. Lazarus President G.A.L. Communications of So. FL, Inc.