

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OF
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 9:43

DOCUMENT # P96000016157

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

Principal Place of Business	Mailing Address
18520 NW 67TH AVENUE STE 249 MIAMI FL 33015	18520 NW 67TH AVENUE STE 249 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 NW 67 th AVE Suite, Apt. #, etc. PMB # 249 City & State MIAMI FL Zip 33015 Country USA	3. New Mailing Office Address, If Applicable 18520 NW 67 th AVE Suite, Apt. #, etc. PMB # 249 City & State MIAMI FL Zip 33015 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida	02/21/1996
5. FEI Number	65-0642133
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	4 City / State / Zip
V	LAZARUS, RONALD	18520 NW 67TH AVENUE, PMB 249	MIAMI FL 33015
P	LAZARUS, GARY A	18520 NW 67TH AVE., PMB 249	MIAMI FL 33015 MIAMI FL 33015
			300004657903--0 -10/29/01--01091--006 ****150.00 ****150.00
			JB 10/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAZARUS, GARY A 14531 CEDAR CT MIAMI LAKES FL 33014	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, 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: Gary A. Lazarus REGISTERED AGENT MUST SIGN Date: 10-15-01

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: Gary A. Lazarus 10-15-01 305-261-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (801)

G.A.L. Communications of So. FL., Inc.
18520 N.W. 67th 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.