


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P97000021530</u>			
1. Corporation Name <u>Gallat Enterprises, Inc</u>			
2. Principal Office Address <u>6844 NW 169 ST.</u>		3. Mailing Office Address <u>6844 NW 169 ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33015</u>	Country <u>USA</u>	Zip <u>33015</u> Country <u>USA</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>03/04/1997</u>			
5. FEI Number <u>65-0734915</u>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent			
Name <u>MICHAEL GALLAT</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>6844 NW 169 ST.</u>			
Suite, Apt. #, Etc.			
City <u>MIAMI</u>		State <u>FL</u> Zip Code <u>33018</u>	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent _____ Date _____			
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES.</u>	<u>MICHAEL GALLAT</u>	<u>6844 NW 169 ST.</u>	<u>MIAMI, FL 33018</u>
300080386943 10/03/06--01023--003 **1350.00			
10. 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 contained in Chapter 119, 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: <u>Michael Gallat III</u>		<u>8/22/06</u> <u>(352) 823-1110</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #