PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 26 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/29/99--01086--003
****300.00 ****900.00

DOCUMENT # P97000048046

1. Corporation Name
GALVAO & ARROYO ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3901 N.W. 145 ST. BLDG. 147 OPA LOCKA, FL. 33054	3901 NW. 145 ST BUILDING 147 OPA LOCKA, FL. 33054

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 Mailing Office Address, If Applicable
610 SW 68 TERRACE	610 SW 68 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL.
Zip: 33023 Country: BROWARD	Zip: 33023 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 6-2-97

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P+S	Jose L. ARROYO	3901 N.W. 145 ST. BLDG 147	OPA LOCKA, FL. 33054
P VP	Antonio Nuñez GALVAO	" "	" "

REINSTATEMENT 98-99 TS 4/27/99

8. Name and Address of Current Registered Agent
AMY HERNANDEZ
4000 WEST 11 LANE
HIALEAH, FL. 33012

9. Name and Address of New Registered Agent
Name: AMY MEHMOOD
Street Address (P.O. Box Number is Not Acceptable): 610 SW 68 TERRACE
Suite, Apt. #, Etc.:
City: PEMBROKE PINES | State: FL | Zip Code: 33023

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: 4-23-99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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] Amy Mehmood 4-23-99 954 8930188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E036 (12-96)