

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 10 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000048046

1. Corporation Name

GALVAO & ARROYO ASSOCIATES, INC.

400004638694--8

-10/17/01--01002--027

****750.00 ****750.00

2. Principal Office Address

7190 S.W. 14 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip
33023

Country

U.S.

3. Mailing Office Address

7190 S.W. 14 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33023

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/02/1997

5. FEI Number

65-1025817

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MEHMOOD, AMY

Street Address (P.O. Box Number is Not Acceptable)

610 S.W. 68 TERRACE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

**Signature of
Registered Agent**

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/4/01

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
PS	Villamar, Hector Jr.	122 Minorca Avenue	Coral Gables, FL 33134
DVP	Galvao, Antonio N.	3901 N.W. 145 Street, Bldg. 147	Opa Locka, FL 33054
D	Arroyo, Jose L.	3901 N.W. 145 Street, Bldg. 147	Opa Locka, FL 33054

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 under section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR E. VILLAMAR, JR.

Date

10/4/01

Daytime Phone #

305-569-0150