

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 13 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053148

1. Corporation Name

GIAL?PROPERTIES, INC.

200005974172--6
-06/25/02--01053--024
****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address 2679 W. 76 Street		3. Mailing Office Address 2679 W. 76 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, Florida		City & State Hialeah, Florida	
Zip 33016	Country US	Zip 33016	Country US

4. Date Incorporated or Qualified To Do Business in Florida 6/17/1997	
5. FEI Number 65-0819788	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name William Garcia, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 500		
Suite, Apt. #, Etc. Coral Gables, FL 33134-5105		
City	State FL	Zip Code

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 [Signature] Date 6-12-02

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
D	Alejandro Henriquez	2679 W. 76 St.	Hialeah, FL 33016
V/S	Orlando Blanco	2679 W. 76 St.	Hialeah, FL 33016
VTD	Delfin Blanco	2679 W. 76 St.	Hialeah, FL 33016

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)(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] Alejandro Henriquez Date 6/12/02 305-827-4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)