

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000105045		99 JUL 29 AM 11:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name THE GALERA COMPANIES, INC.			
Principal Place of Business 11117 W OKEECHOBEE RD SUITE 120 HIALEAH GARDENS FL 33016		Mailing Address 15476 NW 77TH CT. STE 170 MIAMI LAKES FL 33016	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable 15025 COCONUT AVE. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State MIAMI LAKES, FL		City & State	
Zip 33014 Country US		Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 12/12/1997		5. FEI Number 05-0927344	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRESIDENT & SECRETARY	RENE L. GALERA	15025 COCONUT AVE.	MIAMI LAKES / FLORIDA 33014
8. Name and Address of Current Registered Agent GALEA, RENE L 15476 NW 77TH CT, STE. 170 MIAMI LAKES FL 33016		9. Name and Address of New Registered Agent 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 <i>[Signature]</i> Date 6/22/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/22/99 305 975 9001 Date Daytime Phone #	