

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 19 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P 98000033191

1. Corporation Name

GALINDO & COMPANY, INC.

900025068809

11/26/03--01029--001 **1350.00

REINSTATEMENT 99-03

2. Principal Office Address

7802 KINGSPONTE PKWY 7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

106

City & State

ORLANDO FL

Zip 32819

Country

USA

3. Mailing Office Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

106

City & State

ORLANDO FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/98

5. FEI Number

65-0828098

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

MARCO A GALINDO

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

9852 BAY VISTA ESTATES BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

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

REGISTERED AGENT MUST SIGN

Date 11/12/03

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
P	MARCO A GALINDO	9852 BAY VISTA ESTATES BLVD	ORLANDO, FL 32836
VP	LUIS F. GALINDO	8300 ELM PARK DR NW 732	ORLANDO, FL 32821

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:

MARCO A GALINDO

11/04/03

407-222-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)