## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  O7 AUG 16 AM 7: 46  SECRETAGE
DOCUMENT # P98000037457  1. Corporation Name Galo STAR JEWELRY & PAWE INC		SECRETANT CHAIRE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box #  148 NW 17 Ave	3. Mailing Office Address	REINSTATEMENT 05-07
Suite, Apt. #, etc.  City & State  MAMI - FL.  Zip	Suite, Apt. #, etc.  City & State  MIAMI- FL.  Zip Country  33126 USA	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number Applied For Not 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  CLUFRIO RAMSES  Street Address (P. Dox Number is Not Acceptable)  7010 W. IS CT  Suite, Apt. #, Etc.  City  HIALEAH  State Zip Code FL 33014		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 8 - 3 - 0*1		
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
PD LLUFRIO RAM	SES 1070 W. 15 CT	HIALEAH FL. 33014
		400108192954 08/18/0701029015 **1050.00
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 contained in Chapter 119, 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   S		