PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00-02 2682

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

02 FEB -1 PM 4:05
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P 98000072925

1. Corporation Name
L. J Galieno Enterprises Inc

2. Principal Office Address	3. Mailing Office Address
2721 Autumn Leaves DR	2721 Autumn Leaves DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Bch,	City & State: Daytona Bch
Zip: 32128 Country: Volusia	Zip: 32128 Country: Volusia

4. Date Incorporated or Qualified To Do Business in Florida 8-19-98

5. FEI Number 59 3534016 ☐ 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: Kitsa P Esposito

700004883587--3
-02/06/02--01069--013
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 2721 Autumn Leaves DR

Suite, Apt. #, Etc.

City: Daytona Bch State: FL Zip Code: 32128

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: Kitsa Esposito Date: 1-30-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/T	Leo J Galieno	2721 Autumn Leaves DR	Daytona Bch FL 32128
VP/S	Kitsa P Esposito	2721 Autumn Leaves DR	Daytona Bch FL 32128

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: Kitsa Esposito Kitsa P Esposito 1-30-02 386-304-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PREPARED BY	
DATE	

ATT Sean Toner

TO whom AT my Concern
We L.J Galiendo Ent Inc
open up For Bus in 1998 8-18-98
And our mother was our
Bookeeper She Sent In 1998 And
the 1999 And 2000 Fee
in For 150 EACH For
Some Reason the 150 Fee
FOR 2000 was lost We
did not relize this, She PAST
ON on 2-2000 We Sent
150 Again in 2001 it
was Sent Back not knowing
the 2000 Fee was lost.
I Am Sending you
450.00 Dollars per our Conversition
to get things up to DATE
And Keep them this way
We thank you in Advance
For taking the time TO
Correct this FOR US.
Its nice TO know that
good people like you understand
how things like this can Get
messed up. IF Some one Passes Away

Thank
YOU For your help