

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

FILED

01 MAR 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011565

1. Corporation Name

GALICIA, INC.

Principal Place of Business

Mailing Address

375 NORTHEAST 152ND STREET
MIAMI FL 33162

375 NORTHEAST 152ND STREET
MIAMI FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	REQUIRA, MANUEL	375 NORTHEAST 152ND STREET	MIAMI FL 33162
STD	REQUIRA, ESTELA	375 NORTHEAST 152ND STREET	MIAMI FL 33162
PD	REGUEIRA MANUEL	14740 NW 16 DR	MIAMI 33167
STD	REGUEIRA ESTELA	14740 NW 16 DR	MIAMI 33167
			300003912543--7
			03/27/01-01070-011
			****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-1604

305-681-3818

DO NOT REMOVE!

2-16-01
2052

DEAR SER OR MADON

THIS LETTER WAS DELIBERY AT

14740 NW 16 ST

FOR PROOF I SENT YOU AT

LETTER LIVE IN AT 14740 NW 16 DR

AND THE ADDR. IS 14710 NW 15 DR

THE MAIL MEN PUT MAIL EVERY WEEK

SAME TIME I GET BACK SAME TIME AT

DON'T I GOT THIS AT WEEK A SO

PLEASE REIN STATE MY ANNUNAL

REPORT

THANK YOU

Estela

P.S. MY PHONE IS

305-681-3818 or 786-325-5551