

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 JAN 16 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600115312866  
01/16/08--01037--015 \*\*1050.00

REINSTATEMENT 01-07  
CR2E081 (12/07)

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P99000015354

1. Corporation Name

S & G REAL ESTATE HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #

911 Catalonia Ave

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Office Address

PO Box 440548

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

02/17/1999

5. FEI Number

☒ 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

Ron Benfield CPA

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

2223 Langley Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

☒ 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

Date 01/10/2008

REGISTERED AGENT MUST SIGN

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	Gilberto Galceran	911 Catalonia Ave	Coral Gables, FL 33134
VP	Susan Galceran/Millan	12950 SW 117 Street	Miami, FL. 33186

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 AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GILBERTO GALCERAN

1/14/08

407-

575-5611

1/180