

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 JAN 16 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600115312866
01/16/08--01097--015 **1050.00

REINSTATEMENT 01-07
CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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	
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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:  GILBERTO GALCERAN 01/14/08 407-5955611

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1180