PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 29 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000056816

1. Corporation Name

BRIAN GALLEY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7853 S.E. SUGAR SAND CIR. HOBE SOUND FL 33455	7853 S.E. SUGAR SAND CIR. HOBE SOUND FL 33455

REINSTATEMENT 03

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
1220 NORTH E" STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1220 NORTH E" STREET
City & State LAKE WORTH. FLORIDA	City & State LAKE WORTH. FL
Zip 33460 Country USA	Zip 33460 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/1999

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GALLEY, BRIAN	~~7853 S.E. SUGAR SAND CIR.~~ 1220 NORTH E STREET	~~HOBE SOUND FL 33455~~ LAKE WORTH. FL 33460
D	ROBERT PAUL GALLEY	1220 NORTH E STREET	LAKE WORTH. FL 33460
		600025811678 12/29/03--01045--003 **150.00	

8. Name and Address of Current Registered Agent

~~GALLEY, BRIAN~~
~~7853 S.E. SUGAR SAND CIR.~~
~~HOBE SOUND FL 33455~~

9. Name and Address of New Registered Agent

Name: BRIAN OR ROBERT GALLEY.
Street Address (P.O. Box Number is Not Acceptable): 1220 NORTH "E" Street
Suite, Apt. #, Etc.: LAKE WORTH.
City: | State: FL | Zip Code: 33460

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: November 5TH 2003

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 5TH
Date

772 485 1773
Daytime Phone #

Division of Corporations
Tallahasse.
FL 32314-6327.

November 5th 2003.

Dear Sir or Madam.

Firstly I would like to apologise for this renewal not being filed in a timely manner due to the following explanation.

At the beginning of 2003 I left for overseas and vacated my tenure at 7853 S 12 Sugar Sand Circle. Hobe Sound. FL.
The lady that owns the property also left and gave a postal forwarding address of SE Jefferson St Stuart FL. (The address where your notification went too)
Unfortunately I never received your notification until now.

I beg your indulgence and I am re-applying for reinstatement of my Corporation.

My new address is 1220 North 12 Street. Lake Worth. FL 33460

Yours faithfully

Brian Galley