


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000062036</b> 1. Entity Name <b>GALEVE ENTERPRISES, INC.</b>	
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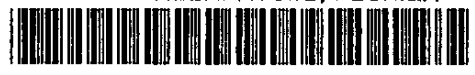
Principal Place of Business <b>C/O ELIAHU GUTKIND 202 NW 2ND ST. HALLANDALE, FL 33009</b>	Mailing Address <b>C/O ELIAHU GUTKIND 202 NW 2ND ST. HALLANDALE, FL 33009</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
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FILED

06 OCT 23 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102006 REIN-P CR2E098 (11/05) **06**

4. FEI Number <b>65-0940120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

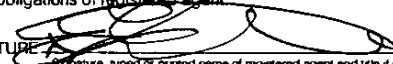
6. Name and Address of Current Registered Agent

**GUTKIND, ELIAHU  
202 NW 2ND ST.  
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with; and accept the obligations of registered agent.

SIGNATURE:  DATE: **10/17/06**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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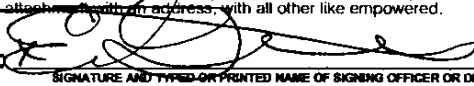
10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
STREET ADDRESS CITY-ST-ZIP	<b>D GUTKIND, ELIAHU C/O ELIAHU GUTKIND HALLANDALE, FL 33009</b>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change	Addition
STREET ADDRESS CITY-ST-ZIP	<b>000091124500 10/23/06--01062--015 **158.75</b>	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **10/17/06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR