

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 10 AM 8:00

DOCUMENT # P99000075133

1. Corporation Name

GAL AUTO SALES, INC.

2. Principal Office Address

7922 Leo Kidd Lane

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

3. Mailing Office Address

9216 Gray Fox Lane

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

REINSTATEMENT 00-04

4. Date Incorporated or Qualified  
To Do Business in Florida

8/24/1999

5. FEI Number

59-3594199

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

100034125991

Name

Bela Gal

05/10/04--01026--025 \*\*438.75

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

9216 Gray Fox Lane

100034125991  
04/27/04--01066--006 \*\*900.00

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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

04/22/04

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
President	Bela Gal	9216 Gray Fox Lane	Port Richey, FL 34668
Secretary	Bela Gal	9216 Gray Fox Lane	Port Richey, FL 34668
Treasurer	Bela Gal	9216 GRAY FOX LANE	Port Richey, FL 34668
Director	Bela Gal	9216 GRAY FOX LANE	Port Richey, FL 34668

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 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

04/22/04

Daytime Phone #

CR2E081 (01/04)