

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 999000075133

1. Corporation Name

Gal Auto Sales Inc.

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

7917 Leo Kidd avenue

Suite, Apt. #, etc.

City & State

Port Richey, Fl.

Zip

34668

Country

Pasco

3. Mailing Office Address

9216 Gray Fox lane

Suite, Apt. #, etc.

City & State

Port Richey, Fl.

Zip

34668

Country

Pasco

**7. Name and Address of Current Registered Agent**

Name

Gal, Bela

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

9216 Gray Fox lane

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

REGISTERED AGENT MUST SIGN

Date 04.07.09

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
PD	Gal, Bela	9216 Gray Fox lane	Port Richey ,FL, 34668
V	Porcsin, Kalman	7059 Sybilla street apt#3	Forest Hills, NY, 11375
TS	Faludy, Geza	3122 42nd street apt#21	Astoria, NY, 11103

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELA GAL

04.07.09 727 494 7155

Date

Daytime Phone #

FILED  
09 APR 10 AM 7:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200149458262  
04/10/09--01031--001 \*\*58.75

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3594199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.