## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000092170

Entity Name: MARINA GALLO P.A.

FILED Oct 26, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5707 MELALEUCA DR US TAMARAC, FL 33319 **Current Mailing Address: New Mailing Address:** 5707 MELALEUCA DRIVE TAMARAC, FL 33319 FEI Number: 65-0955302 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLO, MARINA 5707 MELALEUCA DRIVE TAMARAC, FL 33319 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. SIGNATURE: MARINA GALLO Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GALLO, MARINA Name: Name: 5707 MELALEUCA DRIVE Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: GALLO, JOSE I Name: GALLO, JOSE I 5707 MELALEVCA DR 5707 MELALEUCA DR Address: Address: FORT LAUDERDALE, FL 33319 FORT LAUDERDALE, FL 33319 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition GALLO, DIANA GALLO, DIANA Name: Name: 5707 MELALGUCA DR 5707 MELALEUCA DR Address: Address: FORT LAUDERDALE, FL 33319 City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GALLO, MARSHA Name: Name: Address: 5707 MELALEUCA DR Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33319 Title: Title: () Delete (X) Change ( ) Addition GALLO, HERMAN Name: Name: GALLO, HERMAN 5707 MELALEVCA DR Address: 5707 MELALEUCA DR Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARINA GALLO P 10/26/2008