## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Hairis

Secretary of State

DIVISION OF CORPORATIONS

## P99000095140 **DOCUMENT#**

1. Corporation Name

GALLERIA TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

1327 S.E. 2ND AVENUE ET LAUDERDALE EL 33316 1327 S.E. 2ND AVENUE FT. LAUDERDALE FL 33316 FILED

WISTON OF CORPORATION

00 NOV -2 PM 4:15

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  To Do Business in Florida  10/27/1999  Suite, Apt. #, etc.  5. FEI Number  Applied For  City & State  City & State  6.	FT. ENDERDALE FE 33370					REINSTATEMENT O			
Script A State  City & State  City & State  Country  Coun							4. Date Incorporated or Qualified		
Country  Cou	Suite, Apt. #, etc. Suite, Apt. #			, etc.					
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Title(s)  2  D  RESTREPO, CHARLES  1327 S.E. 2ND AVENUE  8. Name and Address of Current Registered Agent  Name  RESTREPO, CHARLES  1327 S.E. 2ND AVENUE  9. Name and Address of New Registered Agent  Name  RESTREPO, CHARLES  1327 S.E. 2ND AVENUE  FT. LAUDERDALE FL 33316  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10. I, being appoints the registered agent of the aboy named corporation. In familiar with and accept the obligations of Section 607.0505, F.S.  Date  10. I, being appoints the registered agent of the aboy named corporation. In familiar with and accept the obligations of Section 607.0505, F.S.  Date  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. further certify that when filling that reinstantanent application, he reason for dissolution-655 Days eliminated, the corporate name adminisher the requirements of section 807.060; F.S. The information indicated on this application is true and prefraite, and my signature shall have the same legal effect as if made under oath.  20. Street Address (P.O. Box Number is Not Acceptable)  10. I, being application is true and prefraite, and my signature shall have the same legal effect as if made under oath.	City & State City & State					1/5 000			
Title(s)  2	7iņ					CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
RESTREPO, CHARLES 1327 S.E. 2ND AVENUE FT. LAUDERDALE FI. 33316  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State    Zip Code   FL   Zip Code		Name of Officers and/or Directors	or Director (Flo		Street Address of Each				
B. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  9. Name and Address of New Registered Agent  Name  RESTREPO, CHARLES 1327 S.E. 2ND AVENUE  FT. LAUDERDALE F1. 33316  Suite, Apt. #, Etc.  City  City  State  Suite, Apt. #, Etc.  City  The Companion of Companion o	D	RESTREPO, CHARLES			1327 S.E. 2ND AVENUE		FT. LAUDERDALE FL 33316		
8. Name and Address of Current Registered Agent  Name  RESTREPO, CHARLES 1327 S.E. 2ND AVENUE FT. LAUDERDALE FL 33316  Suite, Apl. #, Etc.  City  Suite, Apl. #, Etc.  City  State  Agent  Agen	~~ MOROGAPAVA			for the very			(MC ACANOADOBALEM SDADA)		
RESTREPO, CHARLES 1327 S.E. 2ND AVENUE FT. LAUDERDALE FL 33316  Suite, Apt. #, Etc.  City  State   Zip Code   FL    City   State   Zip Code    FL   Date   Date    City   State   Zip Code    City   State   Zip C		8. Name and Address of Current	Registered Age	ent	ı	ph. 1	****758.0U **	***750.00	
State   Zip Code   FL   State   Zip Code   FL   State   The shows named corporation, an familiar with and accept the obligations of Section 607.0505, F.S.   Date					Name		<u> </u>		
State   Zip Code   FL   State   Zip Code   FL   State   The shows named corporation, an familiar with and accept the obligations of Section 607.0505, F.S.   Date					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ii. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.  Date  Date  Date  LEGISTERED ACENT MUST SIGN  II. 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.					Suite, Apt. #, Et	Suite, Apt. #, Etc.			
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daylime Phone #	this rein	that I am an officer or director or the recenstatement application, the reason for dissy the corporation have been paid and the	solution has been names of individ	n eliminated, the duals listed on th	corporate name satisfie is form do not qualify fo	s the requirement r an exemption u	s of section 607.0401 or 617.0401, F	F.S., that all fees	
	SIGNA	TURE: SISTNATURE AND TYPED OR PR	RINTED NAME OF	SIGNING OFFICE	R OR DIRECTOR	\	Olisla To	3-3301 Phone #	