



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>CORPORATION REINSTATEMENT</b>			
DOCUMENT # <b>S 10553</b> 1. Corporation Name <b>Ganico Investments, Inc</b>			
2. Principal Office Address- No P.O. Box # <b>320</b> Suite, Apt. #, etc		3. Mailing Office Address <b>Southeast 18th Street</b> Suite, Apt. #, etc.	
City & State <b>Ft. Lauderdale FL</b>		City & State	
Zip <b>33316</b>	Country <b>USA</b>	Zip Country	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>11/02/1990</b>		5. FEI Number <b>650245506</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		\$8.75 additional Fee required for a Certificate of Status	
Name <b>George Galluzzo Jr.</b>		<input checked="" type="checkbox"/> 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.	
Street Address (P.O. Box Number is Not Acceptable) <b>320 Southeast 18th Street</b>			
Suite, Apt. #, Etc.			
City <b>Ft. Lauderdale FL</b>	State <b>FL</b>		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.			
Signature of Registered Agent _____ Date _____ 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
P	George Galluzzo Jr.	320 Southeast 18th Street	Ft. Lauderdale FL
V	Melissa Galluzzo	320 Southeast 18th Street	Ft. Lauderdale FL
REINSTATEMENT 08-10			
10. E-mail Address: <b>DrGalluzzo@aol.com</b> (To be used for future annual report notifications)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:  <b>Dr. George Galluzzo</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11/5/2009 Date	954-467-8138 Daytime Phone#