

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 APR 21 PM 1:53

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # S74472

GALA BUS LINES, INC.
19380 Collins Avenue
Suite 625
Miami Beach, Florida 33160

2. If Address in Block 1 is incorrect in any way, enter the correct address below. ~~Old name of the corporation can be changed only by filing an amendment.~~
TALLAHASSEE, FLORIDA

Address

Address

City and State

REINSTATEMENT 95-97

3. Date Incorporated or Qualified To Do Business in Florida

August 20, 1991

4. FEI Number

65-0281855

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
D	Fernando Ros	19380 Collins Ave., #625	Miami Beach, FL 33160

6000002152106--1
-04/23/97--01077--017
***1080.00 ***1080.00

4/22/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Fernando Ros
19380 Collins Avenue
Suite 625
Miami Beach, FL 33160

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

FERNANDO ROS
REGISTERED AGENT MUST SIGN

Date

4/16/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date

4/16/97

Daytime Phone #

(305) 936 1346

Typed or printed name of signing officer or director

FERNANDO ROS