

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -6 PM 3:12

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # V43262

1. Corporation Name

Gala Environmental Corp.

2. Principal Office Address

3902 Yellow Finch Lane

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip  
33558

Country  
USA

3. Mailing Office Address

3902 Yellow Finch Lane

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip  
33558

Country  
USA

100067347791  
03/16/06--01003--013 \*\*1050.00

REINSTATEMENT 04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1992

5. FFI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Gustavo L Arenas

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

3902 Yellow Finch Lane

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33558

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

Date

3/01/06

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	Gustavo L. Arenas	3902 Yellow Finch Lane	Lutz, FL 33558
V	Lourdes L. Arenas	3902 Yellow Finch Lane	Lutz, FL 33558

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:

Gustavo L. Arenas

3-1-06

813-282-8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #