

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 SEP 21 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 229516

1. Corporation Name

GALAXY CO-OP APARTMENTS CORPORATION, INC.

500109873405  
09/25/07--01013--011 \*\*150.00

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
852 Collins Avenue,

3. Mailing Office Address  
852 Collins Ave.,

Suite, Apt. #, etc.  
Apt. C-1

Suite, Apt. #, etc.  
Apt. C-1

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip  
33139

Country  
USA

Zip  
33139

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/27/1959

5. FEI Number  
596065007

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  
Lowy, Ronald S.

Street Address (P.O. Box Number is Not Acceptable)  
1041 Ives Dairy Road

Suite, Apt. #, Etc.  
Suite 238

City  
Miami

State  
FL

Zip Code  
33179

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.

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

*Ronald S. Lowy*  
REGISTERED AGENT MUST SIGN

Date 9-12-07

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
PD	Blank, Mark	852 Collins Ave., C-1	Miami Beach, FL 33139
D	Dominguez, Andrew	852 Collins Ave., C-4	Miami Beach, FL 33139
SD	Rutman, Rita	852 Collins Ave., A-2	Miami Beach, FL 33139

300109486113  
09/14/07--01041--002 \*\*908.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/07 (954) 540-8460

Date

Daytime Phone #