

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 229516

1. Corporation Name

GALAXY CO-OP APARTMENTS CORPORATION, INC.

Principal Place of Business

852 COLLINS AVE

~~APT. A-1~~
MIAMI BEACH FL 33139-5818
US

Mailing Address

852 COLLINS AVE

~~APT. A-1~~
MIAMI BEACH FL 33139-5818
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

852 Collins Ave.

Suite, Apt. #, etc.

~~Apt. C-1~~

City & State
Miami Beach, FL

Zip
33139-5818

Country
US

3. New Mailing Office Address, If Applicable

852 Collins Ave.

Suite, Apt. #, etc.

~~Apt. C-1~~

City & State
Miami Beach, FL

Zip
33139-5818

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1959

5. FEI Number

59-6065007

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SAXER, HOWARD I. D	852 COLLINS AVENUE, A-1	MIAMI BEACH FL
D	DOMINGUEZ, ANDREW	852 COLLINS AVENUE C-4	MIAMI BEACH FL 33139
STD	COHEN, ANN	852 COLLINS AVE., #B 1	MIAMI BEACH FL
PD	BLANK, MARK	852 COLLINS AVENUE C-1	MIAMI BEACH FL 33139
SD	RUTMAN, RITA	852 COLLINS AVENUE, A-2	MIAMI BEACH FL 33139
TVD	RAINS, EDITH	852 COLLINS AVENUE C-5	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

~~SAXER, HOWARD I. D~~
852 COLLINS AVE.
~~A-1~~
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

Mark Blank

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

852 Collins Ave.

Suite, Apt. #, Etc.

C-1

City
Miami Beach

State

FL

Zip Code

33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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. 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 (994) 503-7411
Date Daytime Phone #

October 24, 2002

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

To Who it may concern

This note is to explain the reason for the delay in my Co-op Association's late response. The past president of the association had to be legally removed from office due to unethical business practices. Since his termination, we have been missing a lot of our mail resulting in missed deadlines, late mail etc. Unfortunately we had not received your prior notification and probably would not have gotten this correspondence either had I not been at the mailbox at the same time as my mailman. In lieu of this situation, please except my apology's. Enclosed is my check for \$61.25. As per my conversation with your representative I would not have to pay the reinstatement fee if I sent this letter of explanation. If for any reason you need to reach me in reference to this situation, please feel free to call me anytime at my daytime number (954)503-7411 or my home at (305)673-2297.

Sincerely,
Mark Blank - President

