

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 229516

1. Corporation Name

GALAXY CO-OP APARTMENTS CORPORATION, INC.

W07 - 45628

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

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

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

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09/14/07--01041--002 **308.75

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

Date

Daytime Phone #

9/12/07 (954) 540-8460

FILED

2007 SEP 21 PM 12:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

REINSTATEMENT 05-07

CR2E081 (1/07)

RS

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

☐ 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.