PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #   229516

1. Corporation Name

GALAXY CO-OP APARTMENTS CORPORATION, INC.

FILED

03 OCT 28 AM 11: 19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

5000241213995
10/28/03--01098--003 **245.00

Principal Place of Business	Mailing Address	
852 COLLINS AVE APT C-1 MIAMI BEACH FL 33139-5818 US	852 COLLINS AVE APT C-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	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida **10/27/1959**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **59-6065007** / Applied For / Not Applicable
City & State	City & State	
Zip	Country	Zip	Country	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOMINGUEZ, ANDREW	852 COLLINS AVENUE C-4	MIAMI BEACH FL 33139
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	9. Name and Address of New Registered Agent
BLANK, MARK 852 COLLINS AVE APT C-1 MIAMI BEACH FL 33139-5818	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City	State **FL**	Zip Code

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 _____   Date __10/6/03__

REGISTERED AGENT MUST SIGN

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: _____   __10/6/03__   (954) 540-8460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

(954) 503-7411

CR2E040 (7/03)