

FEES = \$2,052.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 23 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A-13226

1. Name of Limited Partnership

GALAXY, LTD.

2. Principal Office Address

4820 HIGEL AV.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34242

Country

USA

3. Mailing Office Address

4820 HIGEL AV.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34242

Country

USA

4. Date Formed or Registered
To Do Business in Florida

9/10/82

5. FEI Number

59-2223337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$83,860.00

7b. Amount of Capital Contributions in FLORIDA to date:

SAME

8. Name and Address of Current Registered Agent

Name

HOWE, WILLARD

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

4820 HIGEL AV.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34242

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

N/A

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

POOBEE ASSOCIATES, INC.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

4820 HIGEL AV.

City, State and Zip Code

SARASOTA

10a. Registration
Document Number

F66030

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***2052.50 ***2052.50

REINSTATEMENT

00 500 437.50 88 75
01 500 437.50 88 75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11: I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Willard Howe

DATE 3/19/01

Typed or Printed Name of General Partner Signing Form

WILLARD HOWE

Telephone Number

941/349-8835

CR2E039 (9/00)