

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000005835

1. Corporation Name

GALAXY SITE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

229 WEST COUNTY ROAD. #446  
OXFORD FL 34484

229 WEST COUNTY ROAD. #446  
OXFORD FL 34484

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/1997

5. FEI Number

58-2284202

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DVS	FORBES, JOSEPH W JR.	1075 WINDWARD RIDGE PKWY., STE.	ALPHARETTA GA 30005
DP	BENNETT, JAMES E	1075 WINDWARD RIDGE PKWY., STE.	ALPHARETTA GA 30005
			000002705460--0 -12/08/98--01007--018 *****8.75 *****8.75
			000002705460--0 -12/08/98--01007--018 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
% HOLLAND & KNIGHT  
701 BRICKELL AVE., STE. 300  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
Bennett, James E.  
Street Address (P.O. Box Number is Not Acceptable)  
229 West County Road 466  
Suite, Apt. #, Etc.

City  
Oxford,  
State  
FL  
Zip Code  
34484

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.

Signature of  
Registered Agent

*James E. Bennett*  
REGISTERED AGENT MUST SIGN

Date November 23, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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: *James E. Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 23, 1998 (352) 748-4868  
Date Daytime Phone #

CR2E040 (9/98)