

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

98 NOV 25 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 229 WEST COUNTY ROAD. #446 OXFORD FL 34484	Mailing Address 229 WEST COUNTY ROAD. #446 OXFORD FL 34484
--	--

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



REINSTATEMENT 98

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
--	--

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 <input checked="" type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 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--017 *****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* **REQUIRED** Date **November 23, 1998**
REGISTERED AGENT MUST SIGN

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* **REQUIRED** Date **November 23, 1998** (352) 748-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)