

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004098

1. Corporation Name

Galaxy Buick, Inc.

2. Principal Office Address

354 North Beach Street

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Office Address

354 North Beach Street

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

REINSTATEMENT 03

4. Date incorporated or Qualified
To Do Business in Florida

7/20/98

5. ☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

TAMMY TOFTEROO
ASSISTANT SECRETARY

Date **10/30/03**

REGISTERED AGENT MUST SIGN

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
Pres.	Robert E. Thigpen, Jr.	354 North Beach Street	Daytona Beach, FL 32114
Dir.	Anthony March	354 North Beach Street	Daytona Beach, FL 32114
Dir.	Ernest Hodge	354 North Beach Street	Daytona Beach, FL 32114
Sec./ Treas.	Patricia Livingston	354 North Beach Street	Daytona Beach, FL 32114
Asst. Sec./ Asst. Treas.	Eddie C. McKnight	354 North Beach Street	Daytona Beach, FL 32114

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 under section 118.07(3)(f), 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]

Anthony March, Director 10/27/03

249-1301 (860)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JK

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

GALAXY BUICK, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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