

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H00919

1. Corporation Name

THE MALL AT THE GALAXY, INC.

Principal Place of Business

7000 BOULEVARD EAST
GUTTENBERG NJ 07093

Mailing Address

7000 BOULEVARD EAST
GUTTENBERG NJ 07093

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

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

04/26/1984

5. FEI Number

22-2533164

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SE 75. A fee of \$10.00 is required
for each 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
COO	MENONNA, NICHOLAS JR.	7000 BOULEVARD E.	GUTTENBERG NJ
CFO PRES	SERGI, MARTIN J.	7000 BOULEVARD E.	GUTTENBERG, NJ.

500003062975--7
-12/07/99--01049--007
****750-80 ****750-80

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

Date 10/2/99

11. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 NOV 15 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

SP

CR02340 (8/99)