

FILED

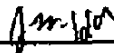
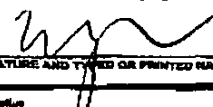
FROM : BOB WETZEL

PHONE NO. : 847 658 1516

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>CORPORATION REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                   | 102                                                                                                                                                                                                                                                                 |              |
| <b>DOCUMENT # R00919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| 1. Corporation Name:<br>The Mall at the Galaxy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| <h1>REINSTATEMENT 03-07 Rcs</h1>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| 2. Principal Office Address - No P.O. Box #<br>7000 Boulevard East<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | 3. Mailing Office Address<br>7000 Boulevard East<br>Suite, Apt. #, etc.                                                                                                |                   | 4. Date Incorporated or Qualified To Do Business in Florida<br>April 26, 1984                                                                                                                                                                                       |              |
| City & State<br>Guttenberg, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | City & State<br>Guttenberg, New Jersey                                                                                                                                 |                   | 5. FEI Number<br>22-2533164                                                                                                                                                                                                                                         |              |
| Zip<br>07093                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br>USA                    | Zip<br>07093                                                                                                                                                           | Country<br>USA    | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>                                                                                                                                                                                                |              |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| Name<br>CT Corporation System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 S. Pine Island Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| Suite, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| City<br>Plantation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | State<br>FL                                                                                                                                                            | Zip Code<br>33324 | <input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. |              |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| Signature of Registered Agent<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | REGISTERED AGENT MUST SIGN<br>JAMES M. HALPIN, ASST. SEC.                                                                                                              |                   | Date<br>9/25/07                                                                                                                                                                                                                                                     |              |
| 9. Name and Direct Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                         |                   | City / State / Zip                                                                                                                                                                                                                                                  |              |
| CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Martin J. Sergi                   | 7000 Boulevard East                                                                                                                                                    |                   | Guttenberg, New Jersey 07093                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                     |              |
| 10. 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 contained in Chapter 119, 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:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | Martin J. Sergi<br>CEO                                                                                                                                                 |                   | 9-21-07                                                                                                                                                                                                                                                             | 201-520-0220 |

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**CORPORATION REINSTATEMENT****THE MALL AT THE GALAXY, INC.**

|                       |            |
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