

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 APR 20 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H00919

1. Corporation Name

The Mall at the Galaxy, Inc.

2. Principal Office Address - No P.O. Box #

7000 Boulevard East

Suite, Apt. #, etc.

Suite M-18

City & State

Guttenberg, New Jersey

Zip

07093

Country

USA

3. Mailing Office Address

7000 Boulevard East

Suite, Apt. #, etc.

Suite M-18

City & State

Guttenberg, New Jersey

Zip

07093

Country

USA

900199354609
03/25/11--01037--005 **758.75
CR2E081 (11/10)

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 ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

900199354609
04/20/11--01006--013 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with the provisions of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sandra Ortega
Assistant Secretary

Date 3/24/2011

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
CEO	Martin J. Sergi	7000 Boulevard East	Guttenberg, New Jersey 07093

REINSTATEMENT 10-11

B 4/20/11

10. E-mail Address: marty.sergi@permalife.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Martin J. Sergi

03/21/2011

201-401-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #