PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 25 AM 8:58

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000003719

1. Limited Liability Company's Name

GALAXY VENTURES, A LIMITED LIABILITY COMPANY

000191982420
06/11/10--01023--003 **497.50

CR2E041 (05/10)

2. Principal Office Address: No. P.O. Box #	3. Mailing Office Address
1200 S. ROGERS CR	701 SE 21ST AVE
State, Apt. #, etc.	State, Apt. #, etc.
STE 10	APT 407
City & State	City & State
BOCA RATON	DEERFIELD BEACH
Zip: 33487 Country: U.S.A	Zip: 33441 Country: U.S.A

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/14/2004

6. FEI Number: 37-1481956 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: LAWRENCE A. CAPLAN, P.A

Street Address (P.O. Box Numbers Not Acceptable): 1375 GATEWAY BLVD

Suite, Apt. #, Etc.: STE 100

City: BOYNTON BEACH State: FL Zip Code: 33426

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 06/07/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MNGR	DOV KAGAN	701 SE 21ST AVE APT 407	DEERFIELD BEACH, FL 33441

REINSTATEMENT 2005 - 2010

11. E-mail Address: DOV@GAMABIZ.COM OR LACAPLANLAW@aol.com
(To be used for future annual report notification)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this report is true and accurate and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: _____ Date: 6/8/10 Daytime Phone #: 561-254-2994

Typed or printed name of signing Managing Member/Manager: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 14, 2010

GALAXY VENTURES, A LIMITED LIABILITY COMPANY
701 SE 21ST AVE
APT 407
DEERFIELD BEACH, FL 33441

SUBJECT: GALAXY VENTURES, A LIMITED LIABILITY COMPANY
Ref. Number: L04000003719

We have received your document for GALAXY VENTURES, A LIMITED LIABILITY COMPANY and your check(s) totaling $937.50. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is $25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00014582