

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000060931

1. Limited Liability Company's Name

GALAXY VENTURES OF PARKLAND, L.L.C.

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

1200 SOUTH ROGERS CIRCLE

Suite, Apt. #, etc.

10

City & State

BOCA RATON, FL.

Zip

33487

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **6/20/2005**

6. FEI Number

83-0458025

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

KAGAN, DOV

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

1200 SOUTH ROGERS CIRCLE

Suite, Apt. #, Etc.

10

City

BOCA RATON

State

FL

Zip Code

33487

☒ A \$100 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 \$100 reinstatement be waived.

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

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
MGRM	KAGAN, DOV	1200 S. ROGERS CIRCLE # 10	BOCA RATON, FL. 33487

REINSTATEMENT

2009

JB

11. 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 filing 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2009

GALAXY VENTURES OF PARKLAND, L.L.C.
1200 SOUTH ROGERS CIRCLE #10
BOCA RATON, FL 33487

SUBJECT: GALAXY VENTURES OF PARKLAND, L.L.C.
Ref. Number: L05000060931

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FILED
09 NOV 30 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GALAXY VENTURES OF PARKLAND, L.L.C. and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 509A00035694