

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LO8000104967

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN -7 AM 8:17

DOCUMENT # LO8000104967

1. Corporation Name

SDPGalaxy LLC

BK

09

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

5752 Ansley Way

Suite, Apt. #, etc.

3. Mailing Office Address

5752 Ansley Way

Suite, Apt. #, etc.

City & State

Mt. Dora, FL

Zip

Country

32757

USA

City & State

Mt. Dora, FL

Zip

Country

32757

USA

800165260578

01/08/10--01003--001 **302.50

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2008

5. FEI Number

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

Devendra Patel

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

5752 Ansley Way

Suite, Apt. #, Etc.

City

Mt. Dora, FL 32757

State

FL

Zip Code

32757

☒ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

01/07/2010

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
MEMBER	Devendra Patel	5752 Ansley Way	Mt. Dora, FL 32757

REINSTATEMENT

2009-2010

10. E-mail Address:

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/07/2010

Daytime Phone #