

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 DEC 15 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L14000092300

1. Limited Liability Company's Name

GALAXY TAX SERVICES, LLC

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

1102 S. ADAMS ST

Suite, Apt. #, etc.

4

City & State

TALLAHASSEE FL

Zip

32301

Country

USA

3. Mailing Office Address

1102 S. ADAMS ST

Suite, Apt. #, etc.

4

City & State

TALLAHASSEE FL

Zip

32301

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (12/13)

8. Name and Address of Current Registered Agent

Name

Guiverson Celine

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

1102 S. ADAMS ST

Suite, Apt. #, Etc.

4

City

TALLAHASSEE

State

FL

Zip Code

32301

E-mail Address:

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

[Signature]

Date 12-15-16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MNG	Guiverson Celine	1102 S. ADAMS ST Suite 4	TALLAHASSEE FL 32301

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. 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 of

Authorized Person

[Signature]

Date 12-15-16

Daytime Phone # 347-849-2114

Typed or printed name of signing Authorized Person