PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 DEC 15 PM 1:27

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Limited Liability Company's Name

GALAXY TAX SERVICES LLC

700306780467
12/15/17 CR2E047 015 **243.75

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1102 S. ADAMS st	1102 S. ADAMS st
Suite, Apt. #, etc 4	Suite, Apt. #, etc 4
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE FL
Zip: 32301 Country: USA	Zip: 32301 Country: USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 6/9/14

6. FEI Number: 45-2980655 ☐ 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: 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: GALAXY_TAXSERVICES@yahoo.com

(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 _____ Date 12-15-17

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
MGR	Guiverson Celine	1102 S. ADAMS st	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 _____ Date 12-15-17 Daytime Phone # 347-569-2114

Typed or printed name of signing Authorized Person _____