

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

02 FEB 12 PM 4:00

DOCUMENT # P00000007310

1. Corporation Name

GALAXY WORLDWIDE EXPRESS, INC.

Principal Place of Business

Mailing Address

9725 N.W. 52ND STREET APT 405 MIAMI FL 33178

9725 N.W. 52ND STREET APT 405 MIAMI FL 33178



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

05/03/01 91125 046 \$158.75

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for HEIDER, FEDERICO and SCIUTO, ANA MARIA.

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REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEIDER, FEDERICO 9725 N.W. 52ND STREET APT 405 MIAMI FL 33178

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature of registered agent

REGISTERED AGENT MUST SIGN

Date

12-18-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Handwritten signature of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-01

Daytime Phone #

CR2E340 (8/01)