

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*ppr hof*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP -9 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P000000086911*

1. Corporation Name

*GALLERIA MANAGEMENT CO., INC.*

2. Principal Office Address

*5265 VILLAGE WAY*

Suite, Apt. #, etc.

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

City & State

*FERNANDINA BEACH, FL*

City & State

*SAME*

Zip

*32034*

Country

*USA*

Zip

*SAME*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*9-21-01*

5. FEI Number

*59-3667896*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

*03/22/01 90012 OSD ISAD*  
*900022661059*  
*08/23/03--01024--002 \*\*300.00*

7. Name and Address of Current Registered Agent

Name

*JOY H. GALPHIN*

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

*5265 VILLAGE WAY*

Suite, Apt. #, Etc.

*1*

City

*FERNANDINA BEACH*

State

*FL*

Zip Code

*32034*

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

*Joy H. Galphin*  
REGISTERED AGENT MUST SIGN

Date

*8-28-03*

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
<i>PD</i>	<i>JOY GALPHIN</i>	<i>5265 VILLAGE WAY</i>	<i>FERNANDINA BEACH, FL 32034</i>
<i>VSTD</i>	<i>W. N. GALPHIN</i>	<i>5265 VILLAGE WAY</i>	<i>FERNANDINA BEACH, FL 32034</i>

**REINSTATEMENT** *01-03*

**TS**

10. 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:

*Joy H. Galphin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/28/03*

Date

*904-321-2514*

Daytime Phone #

CR25081 (10/02)

Page 2 of 2

Galleria Management Company, Inc.  
5265 Village Way  
Fernandina Beach FL 32034

August 26, 2003

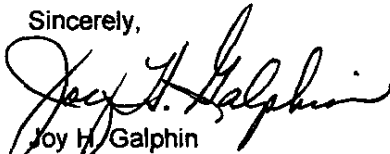
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Madam/Gentlemen:

Re: Corporate Filing for  
Galleria Management Company, Inc

I am enclosing our Corporate Reinstatement Form, which we downloaded from the Internet. Inasmuch as we have not received renewal forms from your office and the company was administratively dissolved, it is my understanding that the company can be reinstated for \$150.00 for each year the company was dissolved. Therefore enclosed is our check in the amount of \$300.00 that I hope will bring my company into compliance.

Sincerely,

  
Joy H. Galphin  
President