

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092551

1. Corporation Name

GALACTIC COMMUNICATIONS, INC.

Principal Place of Business

6820 STARPASS COURT  
LAKE WORTH FL 33463

Mailing Address

6820 STARPASS COURT  
LAKE WORTH FL 33463

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/2001

5. FEI Number

65-1441467

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	EHRlich, JEFFREY	6820 STARPASS COURT	LAKE WORTH FL 33463
V	CASPER, TOM	18981 SE OUTRIGGER LANE	JUPITER FL 33458

8. Name and Address of Current Registered Agent

EHRlich, JEFFREY  
6820 STARPASS COURT  
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/26/2002

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/2002

Daytime Phone #

CR2E040 (8/02)

Galactic Communications

PO Box 541312

Greenacres, FL 33454-1312

Phone: 888-744-3051

Fax: 888-467-4097



11/26/2002

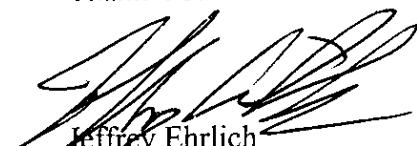
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Please be advised that we never received any mailings regarding filing requirements. Enclosed please find our request for reinstatement. To better control future mailings please send all mailing to:

PO Box 541312  
Greenacres, FL 33454-1312

If any questions arise, please do not hesitate to contact me.

Thank You

  
Jeffrey Ehrlich  
President