

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 26 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045208

1. Corporation Name

PATRICK W. LAWLOR, P.A.

W06 - 20404

2. Principal Office Address

2925 W CYPRESS CREEK RD

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33309

Country

USA

Zip

Country

4. Date Incorporated or Qualifier  
To Do Business in Florida

4/25/02

5. FEI Number

30-0069412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICK W. LAWLOR

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

2925 W CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

SUITE 102

City

FT LAUDERDALE

State

FL

Zip Code

33309

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

Date

REGISTERED AGENT MUST SIGN

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
P	PATRICK W. LAWLOR	2925 W CYPRESS CREEK ROAD SUITE 102	FT LAUDERDALE, FL 33309

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 contained in Chapter 119, 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

Daytime Phone #

5-1-06

(954) 334-5500

**GENE S. BONHAM, C.P.A., P.A.**

1999 UNIVERSITY DRIVE, SUITE 212  
CORAL SPRINGS, FLORIDA 33071  
TELEPHONE (954) 753-6966 • FAX (954) 753-6999  
EMAIL: gbonham@aol.com

Member  
American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants

June 19, 2006

Mr. Sean Toner  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Galaxy Sports Advisors, Inc.  
P020000106255

Patrick W. Lawlor, P.A.  
P02000042508

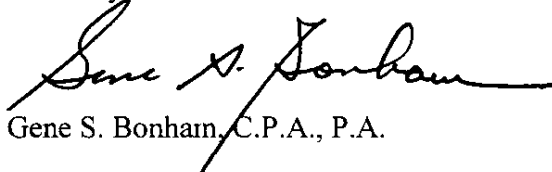
Dear Sean:

I have enclosed two checks in the amount of \$600 each in payment of the subject corporations Annual Reports for the years 2003, 2004, 2005 and 2006 for the above mentioned corporations as the Annual Reports were never received for the mentioned years.

We would appreciate your acceptance of the enclosed checks in the amount of \$150 each for the yearly fee, without assessing a penalty.

If you should need additional information, please contact me at the address above.

Sincerely,



Gene S. Bonham, C.P.A., P.A.

Cc: Patrick W. Lawlor

Enclosures