


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00200009951

1. Corporation Name  
GALAXY GROUP INVESTMENT CORP

REINSTATEMENT 03-04  
900030027989  
03/08/04--01050--029 \*\*750.00  
02/20/03 90134 036 & 158.75

2. Principal Office Address <u>1133 S. University Drive</u>		3. Mailing Office Address <u>1133 S. University Dr</u>	
Suite, Apt. #, etc. <u>Suite 202</u>		Suite, Apt. #, etc. <u>Suite 202</u>	
City & State <u>Plantation, FL</u>		City & State <u>Plantation, FL</u>	
Zip <u>33324</u>	Country <u>USA</u>	Zip <u>33324</u>	Country <u>USA</u>

4. Date incorporated or Qualified To Do Business in Florida <u>August 19, 2002</u>	
5. FEI Number <u>16-1623945</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Francis Abdullah

Street Address (P.O. Box Number is Not Acceptable)  
1133 S. University Drive

Suite, Apt. #, Etc.  
Suite 202

City  
Plantation

State  
FL

Zip Code  
33324

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 [Signature] Date 2/9/04

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
T/S	<u>Samer Kahok</u>	<u>953 SW 93rd Terrace</u>	<u>Plantation, FL 33324</u>
VP	<u>Wael Dahgheh</u>	<u>1681 NW 100th way</u>	<u>Plantation, FL 33324</u>
P/D	<u>Nofal Kahook</u>	<u>900 W. Ocean Drive</u>	<u>Hollywood, FL 33019</u>

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: [Signature] Date 2/9/04 (59) 472-3155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)