## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED.  04 MAR -8 AN 8: 46
DOCUMENT # PDARRORS 9951		SECRETARY OF STATE 1 TALLAHASSEE, FLORIDA
GALAXY GROWP INVESTMENT CORP		De coleman
0.7		REMOTATEMENT 09-02
2 Principal Office Address  133 Suniversity Driversity	3. Malling Office Address 1133 S. Universidy	900030027933 03/08/04-01050-029 **750.00 02/20/03 90/34 036 \$ 158.75
Suite 207	Suit = 202	-4. Date incorporated or Qualified
City & State	City & State  Pantation, FL	5. FEI Number Applied For
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED TO S8.75 Additional Fee required
USA  33384 USA  CERTIFICATE OF STATUS DESIRED  for a Certificate of Status  7. Name and Address of Current Registered Agent		
Name Trancis Abdullah Street Address (P.O. Box Number is Not Acceptable) 1138 5. University Drive Suite, Apt. #, Etc. Suite, Apt. #, Etc. State Zip Code		
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  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and  Titles Name of Officers and Or Directors	Vor Director (Florida nonprofit corporations must list at lea	, ,
Officers and/or Directors	Officer and/or Director	City / State / Zip
		- The state of the
T/S Samor Kahok	953 SW 9300 To	errace Plantation, FL 333a4
VP Wael Dahsheh	1081 NW 100th W	Day Plantation, FL 33324
PD Nofal Kahook	900 D. Ocan D	rive Adhywood FL 33019
	with the state of	
10. I certify that arm 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 filling 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 owied 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  Date  Description of 17, F.S. I further certify that when filling this reinstate of 17, 0401, F.S. I further certify that when filling this reinstate of 17, 0401, F.S. I further certify that when filling this reinstate on 19,07(3)(i), F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify that when filling this reinstate of 17,0401, F.S. I further certify the 17,0401, F.S.		
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