
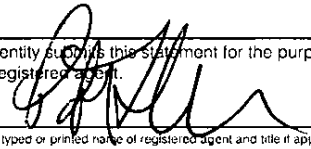
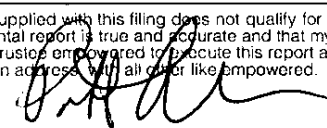


2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # P02000106255 | | | |  | |
| 1. Entity Name GALAXY SPORTS ADVISORS, INC. | | | | | |
| Principal Place of Business 2925 W CYPRESS CREEK RD 102 FT LAUDERDALE, FL 33309 | | | Mailing Address 2925 W CYPRESS CREEK RD 102 FT LAUDERDALE, FL 33309 | | |
| 2. Principal Place of Business - No P.O. Box # 811 E. Hillsboro Blvd | | 3. Mailing Address 811 E. Hillsboro Blvd | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Deerfield Beach, FL | | City & State Deerfield Beach, FL | | 4. FEI Number 65-0914090 | |
| Zip 33441 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAWLOR, PATRICK W 2925 W CYPRESS CREEK RD 102 FT LAUDERDALE, FL 33309 | | 7. Name and Address of New Registered Agent Name: LAWLOR, PATRICK W Street Address (P.O. Box Number is Not Acceptable): 811 E. Hillsboro Blvd City: DEERFIELD BEACH FL Zip Code: 33441 | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 9-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAWLOR, PATRICK W 2925 W CYPRESS CREEK RD, STE 102 FT LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES LAWLOR, PATRICK W 811 E. Hillsboro Blvd DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400110158864 10/02/07--01010--017 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE: 9-26-07 (954) 428-1868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

10/14