


APPROVED
AND

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
Aug 21, 2006 8:00 A.
Secretary of State

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04000046653

1. Corporation Name

GALAXY DEVELOPMENT GROUP, INC.

2. Principal Office Address

4485 15TH AVE. SW

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34116

Country

3. Mailing Office Address

4485 15TH AVE. SW

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34116

Country

REINSTATEMENT
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

41-2130982

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

ANTONMATTEI, JAN P

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

4485 15TH AVE SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

Jan P. Antonmattei

REGISTERED AGENT MUST SIGN

Date

8/16/06

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	ANTONMATTEI, JAN P	4485 15 TH AVE SW	NAPLES, FL 34116

930079127948
08/25/06--01032--005 **300.00

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:

Jan P. Antonmattei

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/06

Date

Daytime Phone #

8/22/06

212

Brigid D. Soldavini CPA, P.A.

A Full Service Accounting Firm

August 16, 2006

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314-6198

Re: Galaxy Development Group, Inc.
Document # P04000046653
Year Ending 2005, 2006 UBR

To Whom It May Concern:

This letter is in regards to the above mentioned corporation, they did not receive, nor were they aware of the requirement to file and pay the annual fee. Enclosed is a payment of \$300.00 for the 2005 and 2006 annual business report.

Please accept our request to waive the penalty for late filing, and be assured that all future payments will be filed in a timely fashion.

Thank you in advance for your co-operation.

Respectfully,



Kaydeen Porter – Accounting Assistant
Brigid D. Soldavini, CPA, PA