

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

GALAXY FULL SERVICE SALON INC- P11000049823

2. Principal Office Address - No P.O. Box #

11215 COLLIER BLVD

Suite, Apt. #, etc.

7

City & State

NAPLES, FL

Zip

34116

Country

USA

3. Mailing Office Address

11215 COLLIER BLVD

Suite, Apt. #, etc.

7

City & State

NAPLES, FL

Zip

34116

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
05/25/2011

5. FEI Number

45-2395372

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

OVAINE LOUISSAINT

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

3635 12TH AVE SE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

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

Date 02/25/2015

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
PRES	OVAINE LOUISSAINT	11215 COLLIER BLVD STE 7	NAPLES, FL 34116

REINSTATEMENT

10. E-mail Address: REDEMPTIONAM1220@GMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-285-1534

Date

Daytime Phone #

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2015 SEP 21 PM 4:04

FILED

CR2E081 (11/10)

500277290815
09/21/15--01042--018 **1050.00