

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 NOV 25 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000081646**

1. Corporation Name

GALAXY SITE SERVICES, INC.

Principal Place of Business

229 W. COUNTY ROAD 446
OXFORD FL 34484

Mailing Address

229 W. COUNTY ROAD 446
OXFORD FL 34484

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1995

5. FEI Number

59-3348148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVSD	BENNETT, JAMES E	2455 E. SUNRISE BLVD., PENTHOUSE	FORT LAUDERDALE FL 33304
			800002705458--6 -12/08/98--01007--015 *****750.00 *****750.00
			800002705458--6 -12/08/98--01007--015 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
% HOLLAND & KNIGHT
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131-3209

Name

James E. Bennett

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

229 West County Road 466

Suite, Apt. #, Etc.

City

Oxford

State

FL

Zip Code

34484

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **November 23, 1998**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 23, 1998 (352) 748-4868

Date

Daytime Phone #

CR25040 (8/98)