

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 DEC -8 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P91000008712-1**
1. Corporation Name **GALAXY MEDICAL INSTALLATION, INC.**

Principal Place of Business Mailing Address
4590 - 62ND AVENUE NORTH 4590 - 62ND AVENUE NORTH
PINELLAS PARK, FL. 33781 PINELLAS PARK, FL. 33781

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

above address is new
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/96

5. FEI Number
59-3412949

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRESIDENT	DOUGLAS R. BYRD	4590 - 62ND AVENUE NORTH	PINELLAS PARK, FL. 33781

9000002371319--2
-12/12/97-01117-003
******165.00 ****165.00**

12/10/97

8. Name and Address of Current Registered Agent

DOUG BYRD , PRESIDENT
4590 - 62ND AVENUE NORTH
PINELLAS PARK, FL. 33781

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/97
Date

813 500-0111
Daytime Phone #



Galaxy

4590 62nd Avenue North
Pinellas Park, FL 33781

WATS: 1-888-521-6707

Phone: 813-521-6707

Fax: 813-521-6807

(2)

December 5, 1997

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find an Application For Reinstatement and a check in the amount of One Hundred Sixty Five dollars for reinstatement fee.

The reason the Annual Report was never filed in the time frame given, is because the report was sent to the incorrect address and never received by Galaxy Medical Installations. Please process our application of reinstatement and send an annual report for filing.

Sincerely,

Doug Bryd

President