

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000020625

1. Corporation Name

GALAXY CONSULTING, INC.

Principal Place of Business

6627 NW 25TH WAY
BOCA RATON FL 33496

Mailing Address

6627 NW 25TH WAY
BOCA RATON FL 33496

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1997

5. FEI Number

NOT-APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOLDSTEIN, ALAN T	6627 NW 25TH AVENUE	BOCA RATON FL 33496

300009431313
12/10/02--01023--001 **150.00

8. Name and Address of Current Registered Agent

GLAZER, ERIC L ESQUIRE
3130 N.E. 190TH STREET, SUITE 304
AVENTURA FL 33180

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. or 617.0505, F.S.

Signature of
Registered Agent

Eric L Glazer
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/5/2002

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

11/5/02 561 702 0185
Date Daytime Phone #

CR2E040 (8/02)

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Galaxy Consulting
6627 NW 25th Ave
Boca Raton, FL 33496
561-702-0185 Phone
954-252-4263 Fax

December 6, 2002

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

Please find enclosed a check in the amount of \$150.00 for the annual filing fee. This letter should also serve as notice that my corporation **did not** receive the appropriate and any prior UBR notices, therefore we are requesting the penalty not be invoked.

Please contact us at the above phone number to discuss if needed.

Thank you for your prompt attention to this matter.

Warmest regards,


Alan Goldstein