

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000097838**

1. Corporation Name

J & J GALAXY INC.

Principal Place of Business

**247 N. AMELIA AVE.
DELAND FL 32724**

Mailing Address

**247 N. AMELIA AVE.
DELAND FL 32724**

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

11/17/1997

5. FEI Number

59-3477617

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	4 City / State / Zip
P	HARIVADAN, JAMBUSARIA R	247 N. AMELIA AVE.	APOPKA FL 32724 DeLand FL 32724
VP	AKBER, JAMAL M	3015 WINDERMERE CIR. W. P O Box 1751	APOPKA FL 32703 32704

700025760757
12/26/03--01005--019 **150.00

8. Name and Address of Current Registered Agent

**JAMBUSARIA, HARIVADAN R
247 N. AMELIA ST.
DELAND FL 32724**

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

Harivadan R. Jambusaria
REGISTERED AGENT MUST SIGN

Date **12-10-03**

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:

Harivadan R. Jambusaria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-03

Date

386 738 0091

Daytime Phone #

CR2ED40 (7/03)

Galaxy Superette
247 N. Amelia Av
DeLand, FL 32724
(386) 738-0091

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

Re: Address Correction
59-3477617

Dear Sir/Madam.

I did not receive the annual Report for J&J Galaxy Inc.,

I Just received the enclosed duplicate annual Report. I request you to make address corrections as per the report and waive the delinquent fees or charges.

Thanking you.

Sincerely,

Hirvadan R. Jambusaria
for J & J Galaxy Inc.