PLEASE READ	ALL INSTRUCTIC	ONS BEFORE (ING THIS FO	ORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State					
DOCUMENT # P98000070928 1. Corporation Name GALAXY LONG DISTANCE, INC.			00 OCT -5 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
						Principal Place of Business
110-72 SQBONA AVE	QBONA AVE 110-72 CORONA AVE					
CORONA NT 1368 CORONA NY 11368						
f above addresses are incorrect in any way, line thro	Such incorrect information and	enter correction below	REIM	TATEN	FNT C	H
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. # IDGC	Apt. #, etc. # Incl C Suite, Apt. #, etc.		To Do Business in Florida 08/13/1998 5. FEI Number X Applied For			plied For
City & State Lango FL	City & State Lango	Largo FL			Not	t Applicable
Zip 33773 Country Plas	zip 3377/	Pinellas	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional for a Certificate	
7. Names and Street Addresses of Each Officer and/ Name of Officers						
Title(s) and/or Directors	33	Officer and/or Director		4	City / State / Zip	
PSTO William Geige	er 7850	Ulmerton R	1#8	Larso	FL 337	171
			<u></u> <u>`</u> `	21-1000	2000 LAIN	
			······	85/04	10084013	<u> </u>
		. <u> </u>			\$60.00	
			90	00034	19979-	-5
				-10/10/0001011011 ****750.00 ****750.00		
8. Name and Address of Current F	Registered Agent		9. Name and A	ddress of New Regi	stered Agent	
INTRASTATE REGISTERED AGENT CORPO		Name 4/.11.	ian G	eiser		100va/
701 BRICKELL AVE., STE. 3000	Street Address (F	Street Address (P.O. Box Number is Not Acceptable) 1850 (3/menton Rd				
MIAMI FL 33131			;+e.8			
· · · · · · · · · · · · · · · · · · ·		City Lars	0		State Zip Code	7/
10. I, being appointed the registered agent of the above Signature of		illar with and accept the ol QUIRED	bligations of Secti		4-00	
Registered Agent	GISTERED AGENT MUST SIG			Date	7~00	
11. I certify that I am an officer or director or the receiv this reinstatement application, the reason for disso owed by the corporation have been paid and the n on this application is true and accurate, and my sig	lution has been eliminated, the ames of individuals listed on th	e corporate name satisfies his form do not qualify for	the requirements an exemption une	of section 607.0401 d	or 617.0401, F.S., that	all fees
	NS DEAU			[A 10 -	0 727-53	
SIGNATURE: SIGNATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #	
				~		