

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

1999 Annual Report



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUN -7 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P480000103848

1. Corporation Name

Galaxy Truck Lines Inc.

Principal Place of Business

3501 SW 67 AV

Miami FL 33155

Mailing Address

3501 SW 67 AV

Miami FL 33155

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

12-14-98

5. FEI Number

65-0880735

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
President	Nelson Santana	3501 SW 67 AV MIAMI FL 33155	MIAMI FL 33155

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-06/15/99--01108--013
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Nelson Santana

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

3501 SW 67 AV

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33155

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

Nelson Santana

REGISTERED AGENT MUST SIGN

Date

6/04/99

11. This corporation owes 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:

Nelson Santana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/04/99

Daytime Phone #

CR2001 (12/98)

Galaxy Truck Lines Inc.

3301 SW 67 Av
Miami FL 33196

Phone 305 256 1116

June 03, 1999

Division of Corporations
PO Box 6327
Tallahassee FL 32314

Dear Sir or Madam,

We are requesting to reinstate our corporation. Since we never received the form to renew it last yer we are kindly requesting to please drop the late fee. Please accept our check for the amount of \$158.75 which covers 1999 renewal.

We apologize for any convenience this might have caused, and we thank you a million.

Sincerely,

x 
Nelson Santana

Docuement Number: P980000103848

x 
Antonio Bello