

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 FEB -5 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000013105

**1. Corporation Name**

Galaxy I, Inc.

**2. Principal Office Address**

45 OCEAN AVENUE

Suite, Apt. #, etc.

40 JUSTIN GASARCH

City & State

MONMOUTH BEACH, NJ

Zip

07750

Country

USA

**3. Mailing Office Address**

45 OCEAN AVENUE

Suite, Apt. #, etc.

40 JUSTIN GASARCH

City & State

MONMOUTH BEACH, NJ

Zip

07750

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/10/1999

**5. FEI Number**

59-2678454

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

C T Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Vicky Goldstein*

**VICKY GOLDSTEIN**

**SPECIAL ASSISTANT SECRETARY**

Date 11/20/2000

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	JACK JOHNSTON	SUITE 209 101 N. RIVER SIDE DRIVE	POMPANO BEACH, FL 33062
DIV/ S/T	STEVE LIERMAN	8 CROSS ROADS PLAZA	WEST HARTFORD, CT 06117
D	JUSTIN GASARCH	45 OCEAN AVENUE	MONMOUTH BEACH, N.J. 07750

**10. 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

Justin Gasarch

Date

1/10/2001

Daytime Phone #

6334  
202-7394