

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P 99000050973 1. Corporation Name <i>GALAXY JEWELERS, INC</i>																											
2. Principal Office Address - No P.O. Box # <i>451 Altamonte Mall</i> Suite, Apt. #, etc. <i>12-14</i>		3. Mailing Office Address <i>554 Heather Oak Cove</i> Suite, Apt. #, etc. <i></i>																									
City & State <i>Altamonte Springs</i> <i>FL</i> Zip <i>32701</i> Country <i>USA</i>		City & State <i>Altamonte Springs</i> <i>FL</i> Zip <i>32714</i> Country <i>USA</i>																									
7. Name and Address of Current Registered Agent Name <i>FAROOQ MURAD ALI</i> Street Address (P.O. Box Number is Not Acceptable) <i>10243 Emerald Wood Ave</i> Suite, Apt. #, Etc. City <i>Orlando</i> State <i>FL</i> Zip Code <i>32836</i>																											
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 <i>Muradali</i> REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td><i>Faroog J. Muradali</i></td> <td><i>10243 Emerald Wood Ave</i></td> <td><i>Orlando FL 32836</i></td> </tr> <tr> <td>D</td> <td><i>Ilazneen F. Muradali</i></td> <td><i>Same</i></td> <td><i>Same</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	<i>Faroog J. Muradali</i>	<i>10243 Emerald Wood Ave</i>	<i>Orlando FL 32836</i>	D	<i>Ilazneen F. Muradali</i>	<i>Same</i>	<i>Same</i>												
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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 contained in Chapter 119, 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: <i>Muradali</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>4/27/07</i> 407 423-2371 Date Daytime Phone #																									

07 MAY -2 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200103198512
05/24/07--01027--012 **450.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida <i>6-7-1999</i>
5. FEI Number <i>59-3584632</i>
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Date *4/27/07*

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

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SIGNATURE: *Muradali*
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4/27/07

407
423-2371

G. Mitchell **MAY 2 2007**