

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAY -2 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000050973

1. Corporation Name

GALAXY JEWELERS, INC

2. Principal Office Address - No P.O. Box #

451 Altamonte Mall
Suite, Apt. #, etc.
12-14

3. Mailing Office Address

554 Heather Oak Cove
Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32701

Country

USA

Zip

32714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-7-1999

5. FEI Number

59-3584632

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

FAROOQ MURADALI

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

10243 Emerald Wood Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

☒ 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.

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

F. Muradali

Date 4/27/07

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	Farooq J. Muradali	10243 Emerald Wood Ave	Orlando FL 32836
D	Nazneen F. Muradali	Same	Same

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:

F. Muradali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

407

423-2371

Daytime Phone #

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