

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
In the Office of the
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 1:08

DOCUMENT # 099000072968

1. Corporation Name

Galaxy Scientific Technology, Inc.

2. Principal Office Address

1445 Dolgner Place

Suite, Apt. #, etc.

Suite 8

City & State

Sanford, FL.

Zip

32771

Country

USA

3. Mailing Office Address

1445 Dolgner Place

Suite, Apt. #, etc.

Suite 8

City & State

Sanford, FL.

Zip

32771

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/10/99

5. FEI Number

65-0939980

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

Dervanna Troy-McKoy

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

1445 Dolgner Place

Suite, Apt. #, Etc.

Suite 8

City

Sanford, FL 32771

State

FL

Zip Code

32771

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

Dervanna Troy-McKoy
REGISTERED AGENT MUST SIGN

Date

6/11/01

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
P	Dervanna Troy-McKoy	1445 Dolgner Place	Sanford, FL 32771

SP

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:

Dervanna Troy-McKoy
DERVANNA TROY-MCKOY 6/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)