

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

97 JAN -7 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005795**

1. Corporation Name

**COOLIDGE-PALM REALTY CORP.**

Principal Place of Business

455 CENTRAL PARK AVENUE  
SCARSDALE NY 10583

Mailing Address

455 CENTRAL PARK AVENUE  
SCARSDALE NY 10583



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3857289

APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	ROMITA, MICHAEL	560 MAMARONECK AVENUE	HARRISON NY
V	CARDINALI, ALBERT J	2 WORLD TRADE CENTER, 39TH FL	NEW YORK NY
VS	TIBURZI JR, ROBERT T	455 CENTRAL PARK AVENUE	SCARSDALE NY
VT	ROSEN, MICHAEL	550 MAMARONECK AVENUE	HARRISON NY

**REINSTATEMENT** 1996  
U. Allen  
1/7/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

400002052664--2

Suite, Apt. #, Etc.

01/09/97 01068 005

City

State  
**FL**

Zip Code

\*\*\*375.00 \*\*\*375.00

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

*Ann Marie Cummins*

REGISTERED AGENT MUST SIGN

Date

12/9/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Robert V. Tiburzi Jr*

12/23/96

9144726070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT V. TIBURZI JR

Date

Daytime Phone #

CR2E040 (7/96)