

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005158**

1. Corporation Name
14 REALTY CORP.

Principal Place of Business Mailing Address
99 W HAWTHORNE AVE SUITE 508 218 VALLEY STREAM NY 11580
~~99 W HAWTHORNE AVE~~ P.O.Box 460
~~SUITE 508~~
~~VALLEY STREAM NY 11580~~ 11582



REINSTATEMENT

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/02/1997 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 11-3192476 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| P | WIENER, DANIEL | 210 BROADWAY 99 W.HAWTHORNE AVE | VALLEY STREAM NY VALLEY STREAM, N.Y. |
| S | WIENER, JUDE | 210 BROADWAY 99 W.HAWTHORNE AVE | VALLEY STREAM NY VALLEY STREAM, N.Y. |
| | | | |
| | | | |
| | | | |
| | | | |

[Handwritten Signature]

100009012301
11/15/02--01006--004 **750.00

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

9. Name and Address of New Registered Agent

| | |
|--|----------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | |
| City | State Zip Code |
| | FL |

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 12/10/2002
REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)