

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

97 AUG 25 PM 1:57

Head Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000002623**

**Coolidge-Central Florida Realty Corp
550 Mamaroneck Avenue
Harrison, New York 10528**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. If the corporation has a principal office in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

May 31, 1995

5. FEI Number

13-3812040

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
P	Michael E. Rosen	550 Mamaroneck Avenue	Harrison, New York 10528
V	Albert J. Cardinali	Two World Trade Center, 39th	New York, New York 10048
S	Robert V. Tiburzi Jr.	455 Central Park Avenue	Scarsdale, New York 10583

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

**C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324**

9. If changed, new registered agent / office

Name

Scott Callahan-XXXXXXXXXXXXXXXXXX

Street Address (Do NOT Use P.O. Box Number)

Stump, Stony & Callahan, P.A.

Street Address (Do NOT Use P.O. Box Number)

28 E. Washington Street

City

Orlando

State

FL.

Zip

32801

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

REGISTERED AGENT MUST SIGN

Date **7/10/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date **9/11/96**

Daytime Phone # **914-777-3100**

Typed or printed name of signing officer or director

Michael E. Rosen

CR204 (5/92)