

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1998 JAN 16 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V72531**

1. Corporation Name

CHOLDERM INC.

Principal Place of Business

47 EAST 68TH STREET
SUITE 1911
NEW YORK NY 10021
US

Mailing Address

47 EAST 68TH STREET
C/O MITCHELL J MANDEL
NEW YORK NY 10021
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

36 Whitney Lane

Suite, Apt. #, etc.

City & State

Brookville, New York

Zip **11545**

Country

USA

3. New Mailing Office Address, If Applicable

36 Whitney Lane

Suite, Apt. #, etc.

40 Mitchell J. Mandel

City & State

Brookville, New York

Zip

11545

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1992

5. FEI Number

65-0366236

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
CEO	MANDEL, MITCHELL J M.D.	3000 NE 191ST ST., SUITE 1911 36 Whitney Lane	AVENTURA FL Brookville, NY 11545
D	WACHTER, DAVID S	20 EAST 74TH ST., APT. 3A	NEW YORK NY
D	LAFF, CHARLES A	1048 WEST WEBSTER AVE.	CHICAGO IL

REINSTATEMENT

07/98
1/16/98

8. Name and Address of Current Registered Agent

GROSS, GAIL
7735 NW 79TH AVE
APT - 311
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002407923-5

01/22/98-01008-004

******900.00 State ****900.00**

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.

Signature of
Registered Agent

Gail Gross

REGISTERED AGENT MUST SIGN

Date

1/14/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Mitchell J. Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/98 212-570-9595