PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

F96000003526 DOCUMENT #

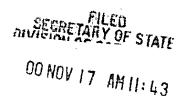
1. Corporation Name

CONWAY PLAZA REALTY CORP.

Principal Place of Business

Mailing Address

485 W. PUTNAM AVE GREENWICH CT 06830 485 W. PUTNAM AVE **GREENWICH CT 06830**



reinstatement $\mathcal{O}()$ If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 07/11/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 13-3899074 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Country Country Zio CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director **485 WEST PUTNAM GREENWICH CT** P WARD, LYNNE TWO WORLD TRADE CENTER, 39TH FLO **NEW YORK NY** ٧ CARDINALI, ALBERT J SCARSDALE NY 455 CENTRAL PARK AVENUE ٧ SANNELLA, THEODORE HARRISON NY **500 MAMARONECK AVENUE** S ROMITA, MICHAEL 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent W. Scott Callahan, Esquire **CTCORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) c/o Stump, Storey & Callahan, P.A. 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 37 North Orange Avenue, Suite 200 Orlando State | Zip Code 32801 orporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered Signature of Registered Agent 170 C. T. EGISTERED 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 filling

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.