

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 22 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000084418

1. Corporation Name

QUIK PARK OF FLORIDA, INC.

2. Principal Office Address

425 East 61st Street

Suite, Apt. #, etc.

3. Mailing Office Address

425 East 61st Street

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10021

Country

USA

City & State

New York, New York

Zip

10021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/97

5. FEI Number

58-2362698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and address of New Registered Agent

Name

Registered Agents of Florida, LLC

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

100 Southeast Second Street

Suite, Apt. #, Etc.

Suite 3500

City

Miami

State

FL

Zip Code

33131

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*****\$750.00 ***\$750.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Howard J. Vogel, VP

Date **10/10/02**

REGISTERED AGENT MUST SIGN

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

Titles	Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Jacob I. Sopher	425 East 61 st Street	New York, New York 10021
VP	Rafael Llopez	425 East 61 st Street	New York, New York 10021

10. I hereby 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

Jacob I. Sopher, President

10/10/02

(212) 832-7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

y 10/24/02