PLEASE BEAD A	ALL INSTRI	UCTIONS	BEFORE (COMPLETI	ING THIS FORM.	······································	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mort Secretary of St DIVISION OF CORPOR.		IT_OF_STATE tham tate	7 -	FILED		
DOCUMENT # 315432				98 DEC -7 PM 12: 24			
1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Rutherford Realty Co.				TALLAHASSEE, FLURIDA			
Principal Place of Business Mailing Address				1			
633 Third Avenue 633 Third Avenue 4th Floor New York, NY 10021 New York, NY 10021				REINSTATEMENT 9800			
If above addresses are incorrect in any way, line through incorrect Information and enter c 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				able 4. Date Incorporated or Qualified To Do Rusiness in Florida			
Suite, Apt #. etc				4/4/67 5. FEI Number Applied For			
City & State Zip Country	City & State			6.	59-1204301 — \$8.75	Not Applicacie	
				<u> </u>		a Certificate of Status	
Title(s) and/or Directors Officer at			et Address of Each		City / State	e Zo	
PDT Michael P. Gutnick 633 Thir 4th F			d Avenue	lumbers)	New York, NY	10021	
				31	700027064 -12/09/9801 ****750.00	4937 1003030 ****750.00	
8. Name and Address of Current R	legistered Agent			9. Name and A	Address of New Registered Ag	gent	
				astate Registered Agent Corp.			
1201 Hays Street Tallahassee, Florida 32301			701 Brickell Avenue, Ste. 3000 Suite, Apt. #, Etc.				
City					State FL	Zc Code 33131	
Signature of Registered Agent	e named corporation EGASTERED PETEREDARESE	AGENT C	CORP.	oligations of Section	on 607.0505, F.S. Date	98	
This corporation owes or ha Intangible Personal Property			r Yes 🗖	No 🏻	(See other side f on intangil		
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolt owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ution has been elimi ames of individuals	inated, the corpora listed on this form	ate name satisfies to do not qualify for a	the requirements of an exemption under	of section 607.0401 or 617.0401	1, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNIE	M CONG OFFICER OR DI	CHOC(P)	STAICK	((2(2 639-34/3	