

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 20 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 348654

1. Corporation Name

CHARLES H. GREENTHAL OF FLORIDA, INC.

Principal Place of Business

C/O THE CHARLES H. GREENTHAL GROUP, INC.  
4 PARK AVENUE  
NEW YORK NY 10016

Mailing Address

C/O THE CHARLES H. GREENTHAL GROUP, INC.  
4 PARK AVENUE  
NEW YORK NY 10016



REINSTATEMENT

99 @

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1280550

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	WEST, WILLIAM	4 PARK AVENUE	NEW YORK NY
CEO	WEST, WILLIAM,	4 PARK AVENUE	NEW YORK NY
V	WEST, LANCE	4 PARK AVENUE	NEW YORK NY
EVP	WEST, JONATHAN	4 PARK AVENUE	NEW YORK NY

300003021793--6  
-10/22/99--01014--012  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Deborah D. Skipper

Deborah D. Skipper  
as its agent

Date

10-20-99

REGISTERED 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 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/99

212-340-4300

0022040 (0/05)