

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 520921

1. Corporation Name

CONGRESS FINANCIAL CORPORATION (FLORIDA)

Principal Place of Business

Mailing Address

1133 AVENUE OF THE AMERICAS
NEW YORK NY 10036

1133 AVENUE OF THE AMERICAS
NEW YORK NY 10036

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

12/27/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-0994198

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	HARNICK, STEVEN	777 BRICKELL AVENUE	MIAMI FL
T	SCHWARTZ, MORTON Z	1133 AVE. OF THE AMERICAS	NEW YORK NY
V	LUCARELLI, MICHELE	1133 AVE. OF THE AMERICAS	NEW YORK NY
C	DAVIS, WILLIAM R	1133 AVE. OF THE AMERICAS	NEW YORK NY 10036
V	MACKIN, JIM	1133 AVE. OF THE AMERICAS	NEW YORK NY 10036

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

200004733102--8

12/19/01 01052-013

***150.00 PL ***150.00

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

Date

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.

SIGNATURE:

JIM MACKIN, SVP

11/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

212 345-4272



Congress Financial Corporation
1133 Avenue of the Americas
New York, NY 10036
Tel 212 840-2000
<http://www.congressfinancial.com>

282

October 19, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: UNIFORM BUSINESS REPORT

Dear Sir/Madam:

This is in reference to your recent statement, copy attached, in which you charged us a total of \$750.00 as reinstatement fee. Please be advised that we never received the proper forms so therefore we were unable to file on time.

We ask you to please review this matter and your consideration in removing the reinstatement charges. If you have any questions, please call me at 212 545-4268.

Very truly yours,

Aleli Haar
ALELI HAAR
Junior Accountant