

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 814831

1. Corporation Name

F. A. O. SCHWARZ

Principal Place of Business

Mailing Address

767FIFTH AVE STE 401  
NEW YORK, N Y 10153

767FIFTH AVE STE 401  
NEW YORK, N Y 10153

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1960

5. FEI Number

13-1282690

Applied For

Not Applicable

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
<del>PD</del>	<del>EYLER, JOHN</del>	<del>75 STUYVESANT</del>	<del>RYE N.</del>
<del>DET</del>	PROUT, HAL	914 JYNNWOOD RD	PELHAM MANOR NY
<del>TV 90</del>	JOHNSON, BUD	37 WEST 305 CRANE ROAD	ST. CHARLES IL
V	ROBERT GIORLANDO	10 BOBOLINK LANE	LEVITTOWN NY 11756

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003463546--0

11/15/00--01010--010

\*\*\*\*750.00 State \*\*\*\*750.00

FL

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

By:

Charles W. Meyer

REGISTERED AGENT MUST SIGN

Asst. Secy.

Date

10/27/00

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:

Robert Giorlando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/00 (212) 644-9410 4078

Daytime Phone #