

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 1 PM 4:17

DOCUMENT # 852861

1. Corporation Name

ASTORIA IMPORTS LTD. INC.

Principal Place of Business

350 MORGAN AVE.  
BROOKLYN NY 11211

Mailing Address

350 MORGAN AVE.  
BROOKLYN NY 11211

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1962

5. FEI Number

11-2206973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75. A national 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
PD	GROSS, NORMAN	270-10 GRAND CENTRAL PARKWAY APT	FLORAL PARK NY
SD	CROSS, MARTHA	270-10 GRAND CENTRAL PARKWAY APT	FLORAL PARK NY

200003038922--3  
11/09/99-01003-014  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

WEINTRAUB, ALBERT L.  
2250 S.W. 3RD AVE.  
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name  
SEYMOUR SCHNEIDER  
Street Address (P.O. Box Number is Not Acceptable)  
10092 CEDAR POINT BLVD  
Suite, Apt. #, Etc.  
UNIT 105  
City  
BOYNTON BEACH  
State  
FL  
Zip Code  
33437

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

*Seymour Schneider*  
REGISTERED AGENT MUST SIGN

Date 10/22/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Norman Gross*  
REQUIRED

10/22/99

Daytime Phone #

718-782-3701

AD