PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 297 127 21 12 1: 42 853370 DOCUMENT # 1. Corporation Name C & O REALTY CORP. ****750.00 Principal Place of Business Malling Address P.O. BOX 550 LENOX-HILL-STATION --LENOX-HILL-STATION NEW-YORK-NY-10021 NEW-YORK-NY-10021-REINSTATEMENT Date Incorporated or Qualified To Do Business In Florida 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 Malling Office Address, If Applicable 07/07/1982 Suite, Apt. #, etc. 74 TH ST 36 EAST City & State 5. FEI Number 36 EAST Applied For 13-3119322 City & State NEW YORK Not Applicable NY \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 10001 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip HUANG, PAUL 36 E. 74TH ST. NY NY HUANG, CHARLES 36 E. 74TH ST. **NEW YORK NY** LINDSEY, DONNA HUANG 15924 ELLSWORTH DR TAMPA FL CHA. ASSUNTA 5 WILLOW CRESENT **BROOKLINE MA** IP, CECILIA 427 PAZZI RD. WALNUT CREEK CA MARTI, DUEN **UNTERE HARDEGG 32** 4600 OLTEN, SWITZ. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Donna RIGSBY, R. TERRY ESQ. Street Address (P.O. Box Number is Not Acceptable) 204 S MONROE 15924 Ellsworth TALLAHASSEE FL 32301 Suite, Apt. #, Etc. Zip Code lampa 33647 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes

P.O.-BOX-660

10021

Title(s)

PTO

VD

VSD

D

D

D

こののでは、これでは、これのでは、これのでは、これのできない。

è

2

12. 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 filling 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,

Taub and Typed on Printed NAME OF SIGNING OFFICER OR DIRECTOR

Date Destributioner