

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 19 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005963

1. Corporation Name

CIT Properties, Inc.

400007674224--2

-09/12/02--01005--018

****300.00 ****300.00

2. Principal Office Address

18 Broadway

3. Mailing Office Address

18 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Malverne, NY

City & State

Malverne, NY

Zip

11565

Country

USA

Zip

11565

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2000

5. FEI Number

11-3567607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (F **1201 Hays Street** a)

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Z

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

Date

8/19/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Lisa M. Gneo	18 Broadway	Malverne, NY 11565
S/D	Robert F. Santucci	18 Broadway	Malverne, NY 11565

10. 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 F. Santucci

08/16/2002

516-596-6523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CIT Properties, Inc.

18 Broadway

Malverne, NY 11565

PH: 516-596-6523

Fax: 516-596-4911

August 16, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Corporation Reinstatement Request "CIT Properties, Inc."

To Whom It May Concern:

We are hereby submitting our application for reinstatement of "CIT Properties, Inc." to do business in the state of Florida.

We are requesting that the reinstatement fee be waived, we did not and have not received the annual UBR forms/request and therefore the report was not filed.

Please note that our annual Tax Returns have been filed with the State of Florida on time and the annual UBR would have been filed if we received them in our office.

I am enclosing a check in the amount of \$300.00 along with our reinstatement request, which represents the filing fee for years 2001 and 2002.

Thank you for your understanding in this matter.

Sincerely,

Robert P. Santucci
Secretary/Director