

900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 21 AM 8:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Handwritten signature/initials

DOCUMENT # **FD2000004633**

1. Corporation Name

COOKIDGE - CLK MISSION SPRINGS REALTY CORP.

9/19/03

2. Principal Office Address

% CLK MGMT, 9 PARK PL.

Suite, Apt. #, etc.

3RD FL.

City & State

GREAT NECK, NY

Zip

11021

Country

US

3. Mailing Office Address

% CLK MGMT, 9 PARK PL.

Suite, Apt. #, etc.

3RD FL.

City & State

GREAT NECK, NY

Zip

11021

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/10/02

5. FEI Number

11-3646338

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

CORP DIRECT AGENTS, INC.

000027892040

01/29/04--01058--011 **420.00

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

103 N. MERIDIAN ST.

000027892040

01/29/04--01058--012 **750.00

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301

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

Redlock, Asst. Sec.

REGISTERED AGENT MUST SIGN

Date **1.12.04**

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
DPT	HOWARD PARNES	ONE WEST RED OAK LANE	WHITE PLAINS NY 10604
V	SHELDON STAHL	" " "	" " "
S	FRED STAHL	" " "	" " "
V	CRAIG KOENIGSBERG	% CLK MGMT, 9 PARK PL.	GREAT NECK, NY 11201
REINSTATEMENT 2003-2004			

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:

Handwritten signature of Craig Koenigsberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG KOENIGSBERG VP

Date

10/20/03 516-466-9440

Daytime Phone #

CR2E081 (3/02)