

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 12 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000993**

1. Corporation Name

**COLFAX ASSOCIATES INC.**

Principal Place of Business

50 WEST RIDGEWOOD AVE  
RIDGEWOOD NJ 07450  
US

Mailing Address

P O BOX 627  
RIDGEWOOD NJ 07451  
US



600002006686--0

-11/18/96--01007--009

\*\*\*383.75 \*\*\*383.75

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-1837028

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	GREENBERG JUDITH	50 WEST RIDGEWOOD AVE P O BOX 6	RIDGEWOOD NJ
V	GREENBERG STEVEN GREENBERG JEFFR	50 WEST RIDGEWOOD AVE PO BOX 627	RIDGEWOOD NJ
S	GREENBERG STEVEN	50 WEST RIDGEWOOD AVE P O BOX 6	RIDGEWOOD NJ
T	GREENBERG JEFFREY	50 WEST RIDGEWOOD AVE P O BOX 6	RIDGEWOOD NJ

REINSTATEMENT 1996

G. Allen  
11-12-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
710 N. MAGNOLIA ST.  
TALLAHASSEE, FL 32301

Name

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

1201 Hays Street

Suite, Apt. #, Etc.

City

State

Zip Code

Tallahassee

FL

32301

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/18/96

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes: Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/96

201-251-9700  
Daytime Phone