

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 15 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002057

1. Corporation Name

EASTWIND CAPITAL CORP.

Principal Place of Business

Mailing Address

C/O O'DONNELL & PHILFAG
1300 BROADWAY, STE 1700
NEW YORK, NY 10019
US

C/O O'DONNELL & PHILFAG
1300 BROADWAY, STE 1700
NEW YORK, NY 10019
US

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

2. New Principal Office Address, If Applicable

C/O JOHN P. O'DONNELL, P.C.

3. New Mailing Office Address, If Applicable

C/O JOHN P. O'DONNELL, P.C.

Suite, Apt. #, etc.

130 WATER STREET

Suite, Apt. #, etc.

130 WATER STREET

City & State

NEW YORK, N.Y.

City & State

NEW YORK, N.Y.

Zip

10005-1621

Country

USA

Zip

10005-1621

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1993

5. FEI Number

13-3534083

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SEE TO AND/OR FOR FURTHER INFORMATION

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
PD	O'DONNELL, JOHN P	1700 BROADWAY, STE 1700 130 WATER STREET	NEW YORK NY 10005-1621
VD	PHILFAG, JEROME	1300 BROADWAY, STE 1700	NEW YORK NY
VD	VOUTSIANS, SPIROS J	2425 SURF DRIVE	BELLMORE NY
VD	MILONAS, SPIROS	1790 BROADWAY	NEW YORK, N.Y. 10019
			200002011872--3 -11/22/96--01010--006 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

TOTOLOS, DENISE
10128 A US HIGHWAY 19
PORT RICHEY FL 34868

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Denise Totolos
REGISTERED AGENT MUST SIGN

Date

11/10/96

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:

John P. O'Donnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN P. O'DONNELL

10-24-96

Date

212-825-0783

Daytime Phone #

CR25040 (7/96)