

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

97 JAN -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004858**

1. Corporation Name

DIVERSIFIED-COOLIDGE REALTY CORP.

Principal Place of Business

Mailing Address

455 CENTRAL PARK AVENUE
% ROBERT V. TIBURZI
SCARSDALE NY 10583

455 CENTRAL PARK AVENUE
% ROBERT V. TIBURZI
SCARSDALE NY 10583

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

10/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3759072

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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
1	2	3	4
P	TIBURZI JR, ROBERT V	455 CENTRAL PARK AVENUE	SCARSDALE NY
V	GEIST, RANDALL R	5015 SPEEDWAY DRIVE	FORT WAYNE IN
V	HESTER, J M	5015 SPEEDWAY DRIVE	FORT WAYNE IN
V	STARK, MURRAY	598 TUCKAHOE ROAD	YONKERS NY
V	WALDA, JON L	5015 SPEEDWAY DRIVE	FORT WAYNE IN
ST	SHERK, GORDON G	5015 SPEEDWAY DRIVE	FORT WAYNE IN

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name **600002052666--5**
-01/09/97--01068--008
Street Address (P.O. Box Number is Not Applicable) ******375.00 ****375.00**
City **FL** State **FL** Zip Code
12/9/96

REINSTATEMENT

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

Ann Marie Cummins

REGISTERED AGENT MUST SIGN

Date

12/9/96

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:

Robert V. Tiburzi Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT V. TIBURZI, JR., PRES.

Date

Daytime Phone #

914472-6070

CR2E040 (7/96)