

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -7 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001753**

1. Corporation Name

BEACHHOUSE PROPERTIES, INC.

Principal Place of Business

% TOWER HOLDING NY CORP
452 5TH AVE. COMM. REAL EST - 3RD FL
NEW YORK NY 10018

Mailing Address

% TOWER HOLDING NY CORP
452 5TH AVE. COMM. REAL EST - 3RD FL
NEW YORK NY 10018

HR



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1994

5. FEI Number

11-2631682

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DEZEGO, RICHARD C	452 FIFTH AVENUE	NEW YORK NY 10018
P	NAGLE, GERALD A	ONE HSBC CENTER	BUFFALO NY 14203
D	CIHANEK, EDWARD	452 FIFTH AVENUE	NEW YORK NY 10018
D	STOKES, FLORENCE	452 FIFTH AVENUE	NEW YORK NY 10018
S	HORWATH, NINA	452 FIFTH AVENUE	NEW YORK NY 10018
AS	POIKEL, PAMELA	ONE HSBC CENTER	BUFFALO NY 14203

8. Name and Address of Current Registered Agent

~~CSD THE UNITED STATES CORPORATION~~
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

000024525830

11/07/03--01070--019 **758.75

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Nina Horwath
SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/29/03

11. 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:

Nina Horwath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NINA HORWATH

11-1-03

Date

203-525-8634

Daytime Phone #

CR2E040 (7/03)