

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F94000006684

1. Corporation Name

J. & W. SELIGMAN & CO., INCORPORATED

Principal Place of Business

100 PARK AVE.
NEW YORK NY 10017

Mailing Address

100 PARK AVE.
NEW YORK NY 10017

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

12/29/1994

5. FEI Number

13-3043476

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
AS	PERESS, JOYCE	100 PARK AVE.	NEW YORK NY
D	BROWN, FRED E	100 PARK AVE.	NEW YORK NY 10017
D	DEL PRIORE, MICHAEL J	100 PARK AVE.	NEW YORK NY 10017
DMD	HAZEN, WILLIAM H	100 PARK AVE.	NEW YORK NY 10017
DMD	MOLES, THOMAS G	100 PARK AVE.	NEW YORK NY 10017
DND	SCHROEDER, RONALD T	100 PARK AVE.	NEW YORK NY 10017

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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****750.00 State ****750.00

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.

Signature of
Registered Agent

Theresa Taylor Asst. Sec.

REGISTERED AGENT MUST SIGN

Date Oct 30, 1997

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****52.50 Intangible tax

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

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:

Joyce Peress JOYCE PERESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97 (212) 850-1802

Date Daytime Phone #

FILED

97 OCT 31 PM 3:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 97av

CP2E040 (8/97)