

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 17 PM 2:39

DOCUMENT # F95000000119

1. Corporation Name

Coolidge-Key Largo Realty Corp.
455 Central Park Avenue, Suite 308
Scarsdale, NY 10583

Principal Place of Business

Mailing Address

455 Central Park Avenue
Suite 308
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/95

5. FEI Number

13-3797706

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
P	Howard Parnes	455 Central Park Avenue	Scarsdale, NY 10583
VP/D	Michael Rosen	550 Mamaroneck Avenue	Harrison, NY 10528
VP/S/D	Michael Romita	500 Mamaroneck Avenue	Harrison, NY 10528
VP/T/D	Robert V. Tiburzi, Jr.	455 Central Park Avenue	Scarsdale, NY 10583

8. Name and Address of Current Registered Agent

CT Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324

Same as previously

9. Name and Address of New Registered Agent

Name

800002351009-3

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

11/18/97-01089-002

Suite, Apt. #, Etc.

City

State

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/3/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Rosen, VP

9 12/1/97

Date

Daytime Phone #

CP2E040 (12/95)