

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sanford B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 24 AM 9:22

DOCUMENT # F95000000733

1. Corporation Name

COOLIDGE - 1ST AVENUE REALTY CORP.

Principal Place of Business

Mailing Address

% ROBERT V. TIBURZI, JR.  
455 CENTRAL PARK AVE.  
SCARSDALE NY 10583

% ROBERT V. TIBURZI, JR.  
455 CENTRAL PARK AVE.  
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/14/1995	
City & State		City & State		5. FEI Number	
Zip		Country		13-3838785	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DPT	TIBURZI, ROBERT V ESQ. Maidad Rabina	455 CENTRAL PARK AVE. 670 White Plains Rd	SCARSDALE NY 10583 Scarsdale, NY 10583
DVS DV	<del>RABINA, MAIDAD</del> Robert V. Tiburzi, Jr.	<del>455 CENTRAL PARK AVE.</del> 455 Central Park Avenue	<del>SCARSDALE NY 10583</del> Scarsdale, NY 10583
DVT	<del>WOLINETZ, HARVEY</del>	<del>455 CENTRAL PARK AVE.</del>	<del>SCARSDALE NY 10583</del>
DV S	ROMITA, MICHAEL	455 CENTRAL PARK AVE.	SCARSDALE NY 10583
V	CARDINALI, ALBERT J	455 CENTRAL PARK AVE.	SCARSDALE NY 10583
V	TALLEY, THOMAS N	455 CENTRAL PARK AVE.	SCARSDALE NY 10583

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	800002451858
Street Address (P.O. Box Number is Not Acceptable)	03/10/98--01033--0003
City	302
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 *[Signature]*  
Dwight A. Carr REGISTERED AGENT MUST SIGN

Date 12/1/97

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

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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/97

914-782-4400