

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F95000004144

1. Corporation Name

COOLIDGE-MAGIC REALTY CORP.

FILED

97 JUN 16 PM 3:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**455 Central Park Ave.
Scarsdale, NY 10583**

Mailing Address

Same

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

2. New Principal Office Address, If Applicable
N/A

3. New Mailing Office Address, If Applicable
N/A

4. Date Incorporated or Qualified
To Do Business in Florida

August 28, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3833839

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)

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	Michael E. Rosen	550 Mamaroneck Ave.	Harrison, NY 10528
VT	Michael E. Romita	550 Mamaroneck Ave.	Harrison, NY 10528
V	Cardinali, Albert J.	2 world Trade Center, 39th F.	New York, NY 10048
VS	Tiburzi, Robert V., Jr.	455 Central Park Avenue	Scarsdale, NY 10583
V	W. Scott Callahan	28 E. Washington	Orlando, FL 32801
600002213196--9			

8. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

9. Name and Address of New Registered Agent

Name **W. Scott Callahan**

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

Suite, Apt. #, Etc.

City **Orlando**

State **FL** Zip Code **32801**

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 of W. Scott Callahan]

W. Scott Callahan

Date **June 13, 1997**

REGISTERED AGENT MUST SIGN

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

W. Scott Callahan 6/13/97 (407)425-2571

Date

Daytime Phone #

CR2E040 (12/96)



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ACCOUNT NO. : 072100000032

REFERENCE : 429455 7107883

AUTHORIZATION : *Patricia Pujols*

COST LIMIT : \$ 923.75

ORDER DATE : June 16, 1997

ORDER TIME : 11:18 AM

ORDER NO. : 429455-010

CUSTOMER NO: 7107883

CUSTOMER: Ms. Barbara S. Chapman
Stump Storey & Callahan, P.a.
P. O. Box 3388

Orlando, FL 32802-3388

RECEIVED
97 JUN 16 PM 2:06
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: COOLIDGE-MAGIC REALTY CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest
EXAMINER'S INITIALS _____