
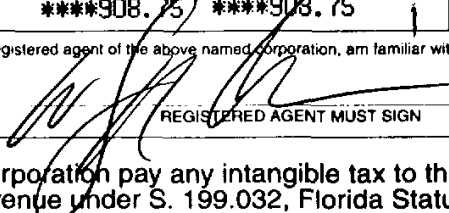
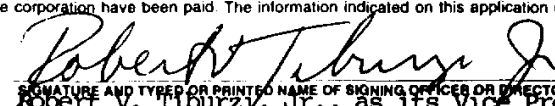


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 99 SEP -3 PM 3:54 SECRETARY OF STATE- TALLAHASSEE, FLORIDA	
DOCUMENT # F95000004144 1. Corporation Name COOLIDGE-MAGIC REALTY CORP., a Delaware corporation				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 455 Central Park Avenue Scarsdale NY 10583		Mailing Address			
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. N/A		3. New Mailing Address, If Applicable Suite, Apt. #, etc. N/A			
City & State		City & State		4. Date Incorporated or Qualified To Do Business in Florida 08/28/95	
Zip		Country		5. FEI Number 13-3833839 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				SB 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		
P	Michael E. Rosen	550 Mamaroneck Avenue	Harrison NY 10528		
V/T	Michael E. Romita	550 Mamaroneck Avenue	Harrison NY 10528		
V	Albert J. Cardinali	2 World Trade Center, 39 Fl	New York NY 10048		
V/S	Robert V. Tiburzi, Jr.	455 Central Park Avenue	Scarsdale NY 10583		
REINSTATEMENT 98-99 18					
8. Name and Address of Current Registered Agent W. SCOTT CALLAHAN, ESQUIRE 28 East Washington Street Orlando, FL 32801 600002982996--1 09/09/99--01078--005 ****908.75 ****908.75			9. Name and Address of New Registered Agent Name W. SCOTT CALLAHAN, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 37 North Orange Avenue Suite, Apt. #, Etc. Suite 200 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  Date 09/01/99 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  09/01/99 914-472-6070 Date Daytime Phone Robert V. Tiburzi, Jr., as its Vice President					

CR2E040 (12/95)