

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

97 JAN -7 PM 3:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005795**

1. Corporation Name
COOLIDGE-PALM REALTY CORP.

Principal Place of Business 455 CENTRAL PARK AVENUE SCARSDALE NY 10583	Mailing Address 455 CENTRAL PARK AVENUE 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 11/29/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3857289 APPLIED FOR	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)			
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	ROMITA, MICHAEL	560 MAMARONECK AVENUE	HARRISON NY
V	CARDINALI, ALBERT J	2 WORLD TRADE CENTER, 39TH FL	NEW YORK NY
VS	TIBURZI JR, ROBERT T	455 CENTRAL PARK AVENUE	SCARSDALE NY
VT	ROSEN, MICHAEL	550 MAMARONECK AVENUE	HARRISON NY

REINSTATEMENT 1996
 U. Alan
 1/7/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable) 400002052664--2	
		Suite, Apt. #, Etc. 01/09/97 01066 005 ***375.00 ***375.00	
		City	State 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 *Ann Marie Cummins* Date **12/9/96**
 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: *Robert V. Tiburzi, Jr.* Date **12/23/96** Daytime Phone # **9144726070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT V. TIBURZI, JR., VP

CPRE040 (7/95)