

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 SEP 24 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005968

1. Corporation Name

GARNET PROPERTIES CORP.

2. Principal Office Address

Office of the Secretary

3. Mailing Office Address

Same

Suite, Apt. #, etc.

60 Wall Street, NYC60-4006

Suite, Apt. #, etc.

same

City & State

New York, NY 10005

City & State

Zip

10005

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/1995

5. FEI Number

13-3705506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 63

7. Name and Address of Current Registered Agent

Name

Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

9/24/2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Egan, James	15 Payne Whitney Lane	Manhasset NY 11030
VP	O'Brien, James J.	7468 Mahogany Bend Court	Boca Raton FL
S	West, Sandra L.	365 Monmouth Street	Jersey City, NJ 07302
VD	Johnson, Alexander B.	1220 Park Avenue	New York, NY
VP	McGowan, Desmond F.	31 W. 52nd Street,	New York, NY 10019
VP	Adams, Vincent F.	8357 Damascus Drive	Palm Beach Gardens, FL 33418

10. 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)(f), 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

Lea Faltin

Assistant Secretary

Date

9/23/03

Daytime Phone #

212-250-8198

CR2001 (10-02)

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

CORONA ACQUISITION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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