

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 NOV 12 PM 1:01

DOCUMENT # **FA5000006306**

1. Corporation Name

OAKHILL PLAZA INC

Principal Place of Business

Mailing Address

**1009 EAST 14 ST
 BKLYN, NY 11230**

**1009 E 14ST
 BKLYN, NY 11230**

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

Dec 27, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-3300338

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
PO	JUDY ECKSTEIN 1009 E 14ST	1009 E 14ST.	BKLYN, NY 11230
			700002686297-2 -11/12/98-01099-009 ****308.75 ****308.75

REINSTATEMENT

97-98

OC CUS 11-12

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JERRY Joseph

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

100 Golden Isles Dr.

Suite, Apt. #, Etc.

Suite 1204

City

Hollandale

State

FL

Zip Code

33009

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

X

REGISTERED AGENT MUST SIGN

Date

8/25/98

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:

JUDY ECKSTEIN

JULY 29 1998

718-258-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X13