

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 NOV 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000000166

1. Corporation Name

CONDOR CAPITAL CORP.

Principal Place of Business

Mailing Address

800 S. OYSTER BAY RD.
HICKSVILLE NY 11801

800 S. OYSTER BAY RD.
HICKSVILLE NY 11801

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1996

5. FEI Number

11-3235196

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVDC	BARON, STEPHEN	4 HORSESHOE RD.	OLD WESTBURY NY 11568
ST	HAWKINS, MICHAEL	110 LISA DR.	NORTHPORT NY 11768
			500002701755--2-
			-12/03/98--01065--004
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

XL CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32811

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/18/98

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98 (560)932-9090
Date Daytime Phone #

CR2040 (9/98)



Condor Capital Corp.

THE FINANCE COMPANY FOR DEALERS

November 16, 1998

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

**Re: Condor Capital Corp.
License Renewal**

Dear Sir/Madam: --

Enclosed herewith please find a completed Application for Reinstatement along with a check for One Hundred and Fifty (\$150.00) Dollars.

Upon the suggestion of a representative in your office, please be advised that we never received a copy of the Annual Report to complete nor did we receive other correspondence pertaining to the revocation of our license. Please accept this application and fee as renewal of our license.

If there are any further questions or comments, please do not hesitate to contact the undersigned.

Very truly yours,

Lisa A. DeBlasio
Paralegal

LAD:jl