

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 12 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000704**

1. Corporation Name

SOS PROPERTIES MANAGEMENT COMPANY, INC.

Principal Place of Business

425 Lexington Avenue
New York, NY 10017

Mailing Address

c/o CIBC
Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

98

2. New Principal Office Address, If Applicable c/o CIBC		3. New Mailing Office Address, If Applicable c/o CIBC		4. Date Incorporated or Qualified To Do Business in Florida 2/12/96	
Suite, Apt. #, etc. 425 Lexington Avenue		Suite, Apt. #, etc. 425 Lexington Avenue		5. FEI Number 13-3871859	
City & State New York, NY		City & State New York, NY		Applied For Not Applicable	
Zip 10017	Country USA	Zip 10017	Country USA	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
DC	Layman, R. B.	c/o CIBC, 425 Lexington Ave.	New York, NY 10017
DV	Greer, Robert N.	c/o CIBC, 425 Lexington Ave.	New York, NY 10017
DS	Enright, John F. Jr.	c/o CIBC, 425 Lexington Ave.	New York, NY 10017
DP	Bilbao, Marc A.	c/o CIBC, 425 Lexington Ave.	New York, NY 10017
			800002686738-4
			-11/13/98-01032-005
			****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.	
		City Tallahassee	State FL
		Zip Code 32301	

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 Tabatha Fiorelli - Asst VP Date 11/4/98

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: John F. Enright Jr. Date 11/4/98 Daytime Phone # 212-856-3847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN F. ENRIGHT JR.

CR2E040 (12/96)