

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 OCT 25 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000002401

1. Corporation Name

Coolidge-Coral Realty Corp.

2. Principal Office Address

455 Central Park Ave

3. Mailing Office Address

Suite, Apt. #, etc.
308

Suite, Apt. #, etc.

City & State

Scarsdale NY

City & State

Zip

10583

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-96

5. FEI Number

133883191

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

12003 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 807.0505 or 617.0503, F.S.

Signature of
Registered Agent*Connie Bryan*CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/25/2000

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
P	Howard Parnes	455 Central Park Ave	Scarsdale NY 10583
VP	Robert V. Terburzi Jr.	455 Central Park Ave	Scarsdale NY 10583
Secty.	David Rabinowitz	455 Central Park Ave	Scarsdale NY 10583
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			****900.00 ****900.00

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 807 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 807.0401 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:

David Rabinowitz

Secty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00

Date

914-472-6070

Daytime Phone #