

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

00 NOV 17 AM 11:43

DOCUMENT # F96000003526

1. Corporation Name

CONWAY PLAZA REALTY CORP.

Principal Place of Business

Mailing Address

485 W. PUTNAM AVE
GREENWICH CT 06830

485 W. PUTNAM AVE
GREENWICH CT 06830



REINSTATEMENT 60

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

07/11/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3899074

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WARD, LYNNE	485 WEST PUTNAM	GREENWICH CT
V	CARDINALI, ALBERT J	TWO WORLD TRADE CENTER, 39TH FLO	NEW YORK NY
V	SANNELLA, THEODORE	455 CENTRAL PARK AVENUE	SCARSDALE NY
S	ROMITA, MICHAEL	500 MAMARONECK AVENUE	HARRISON NY
			100003422161-4 -12/05/00-01101-017 ****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

W. Scott Callahan, Esquire

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

c/o Stump, Storey & Callahan, P.A.

Suite, Apt. #, Etc.

37 North Orange Avenue, Suite 200

City

Orlando

State

FL

Zip Code

32801

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/14/00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/00

Daytime Phone #

203-661-0055

CR2E040 (8/00)