

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 12 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002702

1. Corporation Name

Coolidge-Clarcona Realty Corp.

400025401404
12/10/03 01071 006 \$1,058.75

2. Principal Office Address

One West Red Oak Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

White Plains, NY

City & State

Zip

10604

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/21/1997

5. FEI Number

133949288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. Scott Callahan c/o Stump, Storey, Callahan & Dietrich, P.A.

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

37 N. Orange Avenue, Suite 200

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/9/03

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	One West Red Oak Lane	White Plains, NY 10604
VS	Theodore Sannella	One West Red Oak Lane	White Plains, NY 10604
VT	Robert V. Tiburzi, Jr.	One West Red Oak Lane	White Plains, NY 10604
V	W. Scott Callahan	37 N. Orange Avenue, Ste 200 Orlando, FL 32801	
REINSTATEMENT 2002-2004			

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 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

Daytime Phone #

1/8/04 914 694-6070