

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 PM 4:39

DOCUMENT # F98000001979

1. Corporation Name

STIEGLITZ CORP.

Principal Place of Business

11562 LOS ANO DRIVE
BOYNTON BEACH FL 33437

Mailing Address

11562 LOS ANO DRIVE
BOYNTON BEACH FL 33437

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1998

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STIEGLITZ, GEORGE	11562 LOS ANO DRIVE	BOYNTON BEACH FL 33437
S	STIEGLITZ, EVAN	11562 LOS ANO DRIVE	BOYNTON BEACH FL 33437

400003053314--1
-11/24/99--01002--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICE INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

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

REGISTERED AGENT MUST SIGN

Date

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

EVAN STIEGLITZ

Date

11/8/99

Daytime Phone #

(718) 446-5000

AD

CR2E040 (8/99)

November 8, 1999

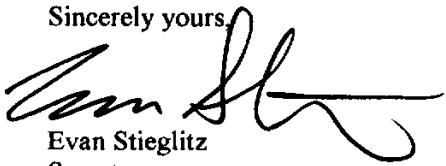
Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Stieglitz Corp Document # F98000001979

Dear Sir/Madam:

We received a notice of revocation from your department due to non-filing of an annual report between January 1 and May 1, 1999 by Stieglitz Corp. The corporation was qualified in Florida on 4/7/98, and the required annual report was never received. This notice was the first and only correspondence received by your department from us regarding this matter. I am filing the application of reinstatement form along with check # 32997 for \$150 in payment of the filing fee due. Due to non-receipt of original report, I am requesting that you please reinstate Stieglitz Corp. and accept the \$150 as payment in full. In addition, please change our mailing address to 50-20 Ireland Street, Elmhurst, NY 11373 as noted on application. Thank you.

Sincerely yours,



Evan Stieglitz
Secretary