

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 24 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F98000005887

1. Corporation Name

C.S. Plaza Corp
40 Levitt Properties

2. Principal Office Address

402-412 Rt 23

Suite, Apt. #, etc.

City & State

Franklin NJ

Zip

07416

Country

USA

3. Mailing Office Address

402-412 Rt 23

Suite, Apt. #, etc.

City & State

Franklin NJ

Zip

07416

Country

USA

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

5. FEI Number

62-1560167

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

Corporation Service Company

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

1201 Hays St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Lynette Coleman

Lynette Coleman
as its agent

Date 7/1/02

REGISTERED AGENT MUST SIGN

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
PD	Mortimer Levitt	10 E 92 ND ST	New York NY 10028
S	Malcolm Charfetz	350 Fifth Ave	New York NY 10118
VD	Annemarie Levitt	10 E 92 ND ST	New York NY 10028
T	Kathy Eberly	402-412 Rt 23	Franklin NJ 07416

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:

Kathy Eberly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Eberly
CEO

7/1/02 (913) 823-1140

Date

Daytime Phone #

CR2E081 (9/01)