

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 FEB -9 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000007069

1. Corporation Name

LARAMIE EDGEWATER, INC.

Principal Place of Business

Mailing Address

LARAMIE ASSOCIATES INC  
% LARAMIE/MAG-INC.  
500 NORTH BROADWAY  
JERICHO NY 11753

LARAMIE ASSOCIATES  
% LARAMIE/MAG-INC.  
500 NORTH BROADWAY  
JERICHO NY 11753



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

12/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3625724

Applied For

City & State

City & State

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
PD	SILVERMAN, MARK	9 MONA LANE	DIX HILLS NY 11746
VD	BERNSTEIN, CHARLES	2 MARSEILLE DRIVE	LATTINGTOWN NY 11560
VSD	SIDERIS, ARISTIDES	97 LEFFERTS BOULEVARD	GARDEN CITY NY 11530
			000003746510--1
			-02/21/01--01125--008
			****750.00 ****750.00

REINSTATEMENT 2000-01  
mm

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Name Michael Papacosmas  
CB Richard Ellis, Inc  
Street Address (P.O. Box Number is Not Acceptable)  
201 E. Kennedy Blvd.  
Suite, Apt. #, Etc.  
Suite 1121  
City Tampa  
State FL  
Zip Code 33602

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

C.B. RICHARD ELLIS, INC. AGENT FOR LARAMIE EDGEWATER INC  
REGISTERED AGENT MUST SIGN

Date 11/19/01

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

ARISTIDES SIDERIS

Date

12/21/00

Daytime Phone #

516  
433-5800

CR2040 (8/00)