

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries  
**Make Check Payable To: Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # K09425**

**ORLANDO TOWERS, INC.**  
156 W. 56th Street  
New York, NY 10019

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address  
**140 Broadway, Legal Dept., 10th Floor**

City and State  
**New York, New York** Zip Code  
**10005**

3. If Principle Office Address is different from mailing address, enter address below:

Address  
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida  
**12/29/87**

5. FEI Number  
**58-1765457**

FEI Number Applied For  
FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**  
CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	L. Dounn	140 Broadway, Legal Dept 10th Floor	New York, NY 10005
S/D	L.S. Candido	140 Broadway, Legal Dept 10th Floor	New York, NY 10005
T	L.H. Burkhard	140 Broadway, Legal Dept 10th Floor	New York, NY 10005

**REINSTATEMENT** 94-97

SL 11-18-97

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

**William Knight Zewadski**  
101 East Kennedy Blvd.  
2700 Barnett Plaza  
Tampa, FL 33602

9. If changed, new registered agent / office  
Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

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: *William Knight Zewadski*  
REGISTERED AGENT MUST SIGN

Date: *Nov 16, 1997*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *L.S. Candido*

Date: *11/18/97*

Daytime Phone # (212) 825-9237

Typed or printed name of signing officer or director

**L.S. Candido, Secretary**

0-225042 (5-92)