

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 DEC 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K49767**

1. Corporation Name

FRCA - SUNSCAPE CORP.

Principal Place of Business

C/O FIRST REPUBLIC CORP OF AMERICA
302 5TH AVE 6TH FL
NEW YORK NY 10001

Mailing Address

C/O FIRST REPUBLIC CORP OF AMERICA
302 5TH AVE 6TH FL
NEW YORK NY 10001

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

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1988

5. FEI Number

57-0880227

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOBROW, IRVING S.	302 5TH AVE	NEW YORK NY
DP	HALPER, NORMAN A.	302 FIFTH AVENUE	NEW YORK NY
DV	BERGMAN, HARRY	3902 FIFTH AVE	NEW YORK NY
COBD	JONATHAN ROSEN	302 5TH AVE	NEW YORK N
VPD	NIMKOFF, ROBERT L	302 FIFTH AVENUE	NEW YORK NY
D	SILVERMAN, WILLIAM M.	302 5TH AVE	NEW YORK NY

8. Name and Address of Current Registered Agent

MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVE
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

588884769865-4

-01/11/02--01060--009

****750.00 Date ****750.00

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/28/01

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

Date

Daytime Phone #

4/29/01

(202) 279-6100