

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

1. Corporation Name

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

% WILLIAM B SPOTTSWOOD

~~100~~ SIMONTON ST., ~~HELE~~ P.O. BOX 50
KEY WEST FL 33041

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State New York, N.Y.

Zip	33040	Country	
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08/25/1989

65-0142371

Applied For	
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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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MOLONEY, SUE CLAY	328 SIMONTON ST., REAR	KEY WEST FL
DVP	MOLONEY, SUE CLAY	328 SIMONTON ST., REAR	KEY WEST FL
			300002698023--2
			-11/30/98-01125-016
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOHRMAN, DARRYL
322 ELIZABETH STREET
KEY WEST FL 33040

Name DMITRY L FOLKMAN		
Street Address (P.O. Box Number Is Not Acceptable) 322 Elizabeth Street		
Suite, Apt. #, Etc.		
City Key West	State FL	Zip Code 33040

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 J. O'NEILL **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 # _____

[illegible]