

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L28317**

1. Corporation Name

C.S.F.P., INC.

Principal Place of Business

450 7TH AVE
SUITE 2806
NEWYORK NY 10123
US

Mailing Address

450 7TH AVE
SUITE 2806
NEW YORK NY 10123
US

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

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1989

5. FEI Number

65-0159629

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
DS	DINHOFFER, FRANCIS FRANCES	17 OTSEN PL 17 OTSEGO PL.	NERICHO NY J
DV	WACHTEL, PHYLLIS	53 OWENOK PARK	WEST PORT CT
DP	KERNISS, SHIRLEY	8120 NUTMEG WAY	TAMARAC FL
DS	DINHOFFER, MARTIN	17 OTSEGO PL.	JERICHO, NY 488884693624--6 -11/29/01--01058--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORP.
1401 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
GOLDSTEIN-SCHRECHTOR-PRICE ET AL
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
Suite, Apt. #, Etc.
SUITE 1100
City
CORAL GABLES State
FL Zip Code
33134

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN DINHOFFER

Date

10/25/01

Daytime Phone #

212-244-6176

CR2040 (8/01)