

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # M03735

1. Corporation Name

JAY R. GELB AND COMPANY OF FLORIDA

Principal Place of Business

610 WILDER BLDG.
ONE MAIN STREET. E.
ROCHESTER NY 14614

Mailing Address

610 WILDER BLDG.
ONE MAIN STREET. E.
ROCHESTER NY 14614

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

4. Date Incorporated or Qualified To Do Business in Florida

08/08/1984

5. FEI Number

59-2439000

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
PD	GELB, M.	500 BAYVIEW DR #1928	9000023419289-0 -11/17/97-01154-022 N. MIAMI BCH FL 33160

8. Name and Address of Current Registered Agent

GELB, MYRL
500 BAYVIEW DR. APT. 1928
N. MIAMI BCH. FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Myrl Gelb

REGISTERED AGENT MUST SIGN

Date 10/28/99

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

Myrl Gelb

Date 10/28/99

716-232-7046
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 9:54



REINSTATEMENT 99

CR2E040 (8/97)