

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M24036

1. Corporation Name

NEW YORK ASSOCIATES, INC.

Principal Place of Business

29259 US HWY 19
CLEARWATER FL 33761

Mailing Address

29259 US HWY 19
CLEARWATER FL 33761

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1985

5. FEI Number

59-2774098

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
P	HAYDEN, RICHARD D	29259 US HWY. 19	CLEARWATER FL 33761

100008701381
10/30/02--01084--013 **150.00

8. Name and Address of Current Registered Agent

HAYDEN, RICHARD D
29259 US HWY. 19 N
CLEARWATER FL 33761

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-18-02

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

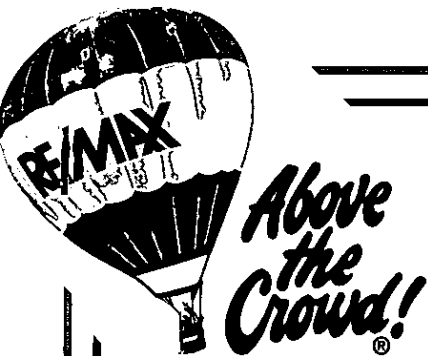
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-02

Daytime Phone #

CR2E040 (8/02)



October 18, 2002

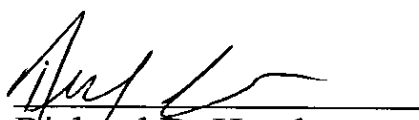
Re: Renewal of corporation (News York Associates, Inc.)

Florida Dept of State:

We regret to inform you that we did not receive the notice of renewal. This is the first time we have received any notice what so ever. We are including the filing fee without penalty of \$150.00. If there are any questions please feel free to call my office manager with any questions at:

Marielena Kroger
727-787-4000 X151

Thank you for your cooperation,


Richard D. Hayden



RE/MAX Mutual Realty

29259 US Highway 19 North
Clearwater, Florida 33761
Office: (727) 787-4000, Fax: (727) 789-1622
Toll Free: (800) 245-5505