

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000058789**

1. Corporation Name

A. H. WARSHAW & CO., INC.

Principal Place of Business

340 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

Mailing Address

340 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228



REINSTATEMENT 03

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

06/13/2001

5. FEI Number

65-1114410

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	WARSHAW, ARTHUR H	340 GULF OF MEXICO DR.	LONGBOAT KEY FL 34228
			100024425301 11/05/03--01002--006 **150.00

8. Name and Address of Current Registered Agent

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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

REGISTERED AGENT MUST SIGN

Date **10/30/03**

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 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 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 is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 29, 2003

Florida Department of Revenue
Division of Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

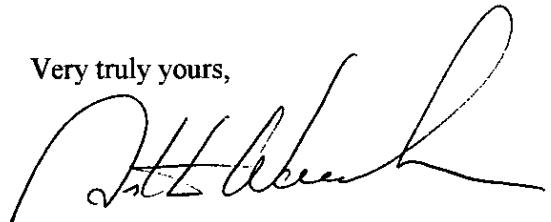
Re: A.H. Warshaw & Co
EIN: 65-1114410

Dear Sir or Madam:

Please find enclosed a completed application for reinstatement and the appropriate UBR filing fee. We respectfully request that the reinstatement fee be waived since no prior UBR notices were received by A.H. Warshaw & Co.

Thank you for your attention in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Arthur Warshaw', with a large, sweeping flourish extending from the end of the signature.

Arthur Warshaw
President