

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **LED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUL 25 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000073309

1. Corporation Name FVC Florida Properties Inc.

2. Principal Office Address
500 North Broadway

3. Mailing Office Address
500 North Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jericho NY

City & State
Jericho NY

Zip Country
11753 USA

Zip Country
11753 USA

REINSTATEMENT 05-07
CR2E081 (12/05) *ps*

4. Date Incorporated or Qualified To Do Business in Florida 05/05/94

5. FEI Number None ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael D. Solomon

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

106 Bimini Drive

Suite, Apt. #, Etc.

City

Duck Key

State
FL

Zip Code
33050

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 2-27-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Frank Cappel	500 North Broadway	Jericho, NY 11753
			100107076681
			08/01/07--01038--017 **1058.75

10. 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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/07

Daytime Phone #

516
236-3375