

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -7 PH 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08659

1. Corporation Name

Sav-on Realty Corp.

Principal Place of Business

Mailing Address

299 Broadway
New York, NY 10007

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

2. New Principal Office Address, If Applicable

33-42 161st Street

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Flushing, NY

City & State

Zip

11358

Country

USA

Zip

Country

REINSTATEMENT 87-96

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/85

5. FEI Number

11-2541388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T D	Micheline Sorrentino	189 Montague Street Eighth Floor	Brooklyn, NY 11201-3610

500002003175--B
-11/13/96-01136-006
***1490.00 ***1490.00

8. Name and Address of Current Registered Agent

None - Previously Resigned

9. Name and Address of New Registered Agent

Name

Robert S. Forman, Esquire

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

2101 W Commercial Boulevard

Suite, Apt. #, Etc.

Suite 4100

City

Fort Lauderdale

State

FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

FRIDAY Sept 13 96
Date Daytime Phone