

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DOCUMENT # P11212



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 NOV -5 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-99

1. Corporation Name

214-218 Worth Avenue, Inc.

Principal Place of Business

Mailing Address

300 Delaware Avenue  
Suite 900  
Wilmington, DE 19801

W99-23840

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

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

c/o Cover + Rossiter, P.A.  
Suite, Apt. #, etc. Montchanin Mills Bldg.  
Rts 100 + Rockland Rds. St. A

5. FEI Number

Applied For

City & State

City & State  
Montchanin, DE

51-0294690

Not Applicable

Zip

Country

Zip

19707

Country

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)

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
Pres/Sec	James C. Colihan	1114 Avenue of the Americas	New York, NY 10036
Treas	Murray J. Ross	Middleborough	England, CO1, 1RA

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATHERINE CHRISTY  
250 INTERNATIONAL PARKWAY  
STE 230  
HEATHROW, FLORIDA 32746

Name  
CI Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S. PINE ISLAND RD.  
Suite, Apt. #, Etc.

City  
Plantation  
State  
FL  
Zip Code  
33324

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

Connie Bryan

Connie Bryan Special Asst. Secy.

Date 11-5-99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 807 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

James C. Colihan

9/30/99

Date

212-621-4680

Daytime Phone #

CR2001 (12/98)