

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 16 PM 2:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P27192

1. Corporation Name

SWANKE HAYDEN CONNELL LTD. INCORPORATED

Principal Place of Business

Mailing Address

295 LAFAYETTE ST
NEW YORK NY 10012
US

295 LAFAYETTE ST
NEW YORK NY 10012
US

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

12/05/1989

5. FEI Number

13-3168797

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
PD	HAYDEN, RICHARD S.	296 FLORIDA HILL RD	RIDGEFIELD CT
SD	ALEXANDER, GEORGE G	32 PEARSALL AVE #4H	GLENCOVE NY
TD	CARLSON, RICHARD A.	509 FIRST ST. 77 BLEEKER ST.	BROOKLYN NY NEW YORK, N.Y. 10012
AS	STRASSER, ROBERT A.	707 KILDARE SRESCENT 116 BILTMORE BLVD.	SEAFORD NY 11783 MASSAPEQUA, NY 11758
ATD	GONANT, PETER A	12 PARTRIDGE LN	DARIEN CT

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

900003436159--3

-10/24/00--01019--003

****750.00 ****750.00

State Zip Code

FL

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

Robert A. Strasser

Date

10/13/00

REGISTERED AGENT MUST SIGN

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:

Robert A. Strasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/00 (nr) 26-9696

KE