

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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AND
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98 DEC 22 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P37339**

1. Corporation Name

STRATFORD CAPITAL CORP.

IND 0000027408

Principal Place of Business

19667 TURNBERY WAY
Suite 16 GR
No Miami Beach FL 33180

Mailing Address

57 STRATFORD RD
HARRISON NY 10536

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

10-16-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0304663

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LINDA KORNBLUM	19667 TURNBERY WAY	No Miami Beach FL 33180
			700002725357-7
			12/29/98-01000-020
			***900.00 ***900.00

12/12/98

8. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET, SUITE 105
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

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.

Signature of
Registered Agent

Susan Rosenthal
REGISTERED AGENT MUST SIGN

Prentice-Hall
Corporations System

Date

12/18/98

11. This corporation owes or has paid 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda
Kornblum

11/6/98 2629 0077

Date

Daytime Phone #

CR2000 (10/98)