

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P92000002377

1. Corporation Name

Paramount North, Inc.

Principal Place of Business

Mailing Address

404 E. 79th Street, 4D
New York, NY 10021

Same

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

October 29, 1992

5. FEI Number

65-0364936

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)

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/D	Stephen M. Pollan	404 E. 79th Street, 4D	New York, NY 10021
S/T/D	Jane K. Morrow	404 E. 79th Street, 4D	New York, NY 10021
D	Emmanuel Zimmer	6 East 74th Street	New York, NY 10021

7000002094417--2
-02/21/97--01080--011
****758.75 ****758.75

REINSTATEMENT 2/19/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

None

Name

Samuel D. Navon, Esq.

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

Navon, Kopelman & O'Donnell, P.A.

Suite, Apt. #, Etc.

2699 Stirling Road
Suite B100

City

Ft. Lauderdale

State

FL

Zip Code

33312

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

2/19/97

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 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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen M. Pollan, President

2/18/97

Date

(212) 737-2717

Daytime Phone #

CR2040 (12/96)