

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000001270**

1. Corporation Name

DEERING LA, INC.

Principal Place of Business

~~C/O BEATUS, E. JACK~~
667 MADISON AVENUE, 8TH FLR
NEW YORK NY 10021
US

Mailing Address

~~C/O BEATUS, E. JACK~~
667 MADISON AVENUE, 8TH FLR
NEW YORK NY 10021
US

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

2. New Principal Office Address, If Applicable
c/o Thomas M. Steinberg

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
c/o Thomas M. Steinberg

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1993

5. FEI Number

58-2031652

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
D/P/S T	TISCH, LAURENCE A	667 MADISON AVE., 8TH FLOOR	NEW YORK NY 10021
V	Steinberg, Thomas M.	667 Madison Ave., 8th FL	New York, NY 10021

REINSTATEMENT

8. Name and Address of Current Registered Agent

GRAGG, K L
200 S. BISCAYNE BLVD.
4900 FIRST UNION FINANCIAL CTR.
MIAMI FL 33122

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

Laurence Tisch

REGISTERED AGENT MUST SIGN

Date

9/27/96

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:

Thomas M. Steinberg

Thomas M. Steinberg

(212)545-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #