

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058276

1. Corporation Name

ASTOR & MOUNTBATTEN LTD, INC.

Principal Place of Business

123 N.W. 13TH ST.

221

BOCA RATON FL 33432-1619

US

Mailing Address

123 NW 13TH ST.

221

BOCA RATON FL 33432-1619

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

08/19/1993

5. FEI Number

11-3124920

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PD

GARDYN, PAUL W

123 N.W. 13TH ST., STE. 221

BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARDYN, PAUL W

123 N.W. 13TH ST.

STE. 221

BOCA RATON FL 33432-1619

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul W. Gardyn
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/2002

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:

Paul W. Gardyn
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02 (81) 350-8285

Date

Daytime Phone #

CR2E040 (8/02)

Big Apple Credit Corp.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

October 30, 2002

Good morning,

I wish to reinstate:

Big Apple Credit Corp. FEI # 11-2626114

Astor & Mountbatten, Ltd., Inc. FEI # 11-3124920

The prior UBR notices where not received.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Paul W. Gardyn", followed by a circular stamp or seal.

Paul W. Gardyn, President