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 JAN 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007688

1. Corporation Name
E F Sanibel Inc.

Principal Place of Business	Mailing Address
	354 Office Plaza Tallahassee, FL 32301

REINSTATEMENT 95-99

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
2 Bridge Street	2 Bridge Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Irvington, NY	City & State: Irvington, NY
Zip: 10533 Country: USA	Zip: 10533 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/1/94

5. FEI Number: 13-3757851 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

SP

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. & Dir.	Eileen Fisher	2 Bridge Street	Irvington, NY 10533
Asst. Sec.	Kenneth Pollak	2 Bridge Street	Irvington, NY 10533

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***1350.00 ***1350.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
XL Corporate Services, Inc. 354 Office Plaza Tallahassee, FL 32301	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street Suite, Apt. #, Etc.: City: Tallahassee State: FL Zip Code: 32301

CR2E081 (12/98)

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: Deborah D. Skipper Deborah D. Skipper as its agent Date: 1-10-2000

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Kenneth Pollak 1/ /00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #