

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015709

1. Corporation Name

NEW YORK PARTNERSHIP EXCHANGE, INC.

Principal Place of Business

1605 MAIN ST.
SUITE 909
SARASOTA FL 34236
US

Mailing Address

1605 MAIN ST.
909
SARASOTA FL 34236
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1994

5. FEI Number

65-0474253

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAGONE, ANGELO A	1605 MAIN ST., SUITE 909	SARASOTA FL
			300020040233 05/28/03--01043--003 **750.00
			300020040233 06/30/03--01045--014 **150.00

8. Name and Address of Current Registered Agent

RAGONE, ANGELO A
1605 MAIN ST.
SUITE 909
SARASOTA FL 34236

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. or 617.0505, F.S.

Signature of
Registered Agent

Angelo Ragone
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

12/5/02

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:

Angelo Ragone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Date

12/5/02

Daytime Phone #

FILED

02-03

REINSTATEMENT

02/12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FILED
03 JUN 30 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E040 (8/02)