

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 95-98
REINSTATEMENT



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

AND
FILED

1998 FEB 25 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000023357

1. Corporation Name

NEW YORK EXCHANGE Inc.

Principal Place of Business

Mailing Address

900 N. ATLANTIC AVE.
COCOA BEACH, FL.
32931

700002449837--3
-03/03/98--01004--005
***1208.75 ***1208.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3233284

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
TREASURER	MICHAEL SCHLEGEL	125 ESCAMBA LA. #305	COCOA BEACH, FL. 32931
PRES	Brian Melton	11	11
Sec	Gerald Ganzer	3750 SUNWARD DR	Merritt Island, FL 32953

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MICHAEL SCHLEGEL

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

125 ESCAMBA LA, #305

Suite, Apt. #, Etc.

City

COCOA BEACH

State

FL

Zip Code

32931

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

Michael Schlegel
REGISTERED AGENT MUST SIGN

Date 2/15/98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/98

Date

407-784-1574

Daytime Phone #

CR2E040 (1/98)