

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 15 PM 4:00

DOCUMENT # P94000023357

1. Corporation Name

NEW YORK EXCHANGE, INC.

Principal Place of Business

900 N. ATLANTIC AVE
COCOA BEACH FL 32931

Mailing Address

900 N. ATLANTIC AVE
COCOA BEACH FL 32931

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

03/23/1994

5. FEI Number

59-3233284

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
T	SCHLEGEL, MICHAEL	125 ESCAMBIA LANE, #305	COCOA BEACH FL 32931
P	MELTON, BRIAN	125 ESCAMBIA LANE, #305	COCOA BEACH FL 32931

200031289622
03/26/04 01096 015 **900.00

8. Name and Address of Current Registered Agent

SCHLEGEL, MICHAEL
750 N ATLANTIC AVE
1102
COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

Name

MICHAEL SCHLEGEL

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

55 NORTH FOURTH ST. #705

Suite, Apt. #, Etc.

705

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER
MICHAEL SCHLEGEL

10/14/03
Date

321-784-4811
Daytime Phone #

CR2ED40 (7/03)