

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JAN 13 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9950000 27716

1. Corporation Name

Laurel Orlando Corp.

Principal Place of Business

Mailing Address

549 Lexington Avenue
25th Floor
New York, NY 10043

500002432795-- 4
-02/17/98--01053--018
***908.75 ***908.75

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 7, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3380884

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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
P.D.	William T. Cahill	549 Lexington Avenue	New York, NY 10043
VP.D.	William Herman	549 Lexington Avenue	New York, NY 10043
VP.S.	Paul Chronis	549 Lexington Avenue	New York, NY 10043
VP.	Gerald Wright	200 South Wacker Drive	Chicago, IL 60606
VPT	Teresa Brandi	850 Third Avenue	New York, NY 10043

REINSTATEMENT

47-98 SL 2-13-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

United Corporate Services
801 Northeast 167th Street, S. 30
North Miami Beach, FL 33162

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

Plantation

State Zip Code
FL 33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date 2/13/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

William T. Cahill

2/10/98

212/559-7097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)