

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000010713

1. Corporation Name

HPH REALTY CORP.

Principal Place of Business

2901 S. OCEAN BLVD.  
PENTHOUSE SUITE  
HIGHLAND BEACH FL 33487

Mailing Address

2901 S. OCEAN BLVD.  
PENTHOUSE SUITE  
HIGHLAND BEACH FL 33487

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

630 FIFTH AVE.

SUITE 820

NEW YORK, N.Y.

N.Y. 10111

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1996

5. FEI Number

65-0650109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT 01

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	4 City / State / Zip
D	POLLY, HARVEY	2901 S. OCEAN BLVD.	HIGHLAND BEACH FL 33487
VP	KALB, MORTON I	STE 1800 875 8TH AVE STE. 820, 630 FIFTH AVE.	NEW YORK NY 10001 10111
			400004672564--D 11/03/01 01046 020 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

MIDSTATE LEAGEL SUPPLY CORP.  
4435 OLD WINTER GARDEN RD.  
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name  
HARVEY POLLY  
Street Address (P.O. Box Number is Not Acceptable)  
2901 S. OCEAN BLVD.  
Suite, Apt. #, Etc.  
SUITE 820  
City  
HIGHLAND BEACH  
State  
FL  
Zip Code  
33487

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

REGISTERED AGENT MUST SIGN

Date

OCT 16 2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 16 2001

Date

Daytime Phone #

CR2E040 (8/01)