

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -2 AM 11: 58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000063409

1. Corporation Name

CORPORATE PLAZA, INC.

Principal Place of Business

Mailing Address

76 - 36 265TH STREET
NEW HYDE PARK NY 11040

76 - 36 265TH STREET
NEW HYDE PARK NY 11040

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

07/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3394593

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
CPD	SZYMANSKI, RONALD SR	84 COMANCHE CT	PLAM COAST FL
VD	VERMA, SHYAM	801 GARDEN ST	TITUSVILLE FL
SD	BAJAJ, RANDHIR K	85 COACHMAN PL	MUTTONTOWN NY
TD	DATT, KRISHAN G	76-36 265TH ST	NEW HYDE PARK NY <u>See ATTACHED</u>
D	GUPTA, RAJESH	1986 STEWART AVE	NEW HYDE PARK NY
D	DATT, SUMETT	76-36 265TH ST	NEW HYDE PARK NY

8. Name and Address of Current Registered Agent

SAPIENZA, STEPHEN P E
300 N STATE ST
PO BOX 635
BUNNELL FL 32110

9. Name and Address of New Registered Agent

Name

SZYMANSKI, RONALD SR.

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

84 COMANCHE CT.

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-28-00

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.

KE

SIGNATURE:

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

12/1/00

Date

203-940-8189

Daytime Phone #

CR2E040 (8/00)

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BOX 7 ADDITIONS

T DATT, NEERAJ 76-36 265th STREET NEW HYDE PARK, NEW YORK 11040