

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000078558**

1. Corporation Name

TUXEDO PROPERTIES, INC.

Principal Place of Business

690 WASHINGTON AVENUE
CARLSTADT NY 07072

Mailing Address

3114 TUXEDO AVE
WEST PALM BEACH FL 33405
US

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

09/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0784661

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
D	COIRO, DANIEL	690 WASHINGTON AVENUE	CARLSTADT NY 07072
D	CAPOZZA, JOSEPH	690 WASHINGTON AVENUE	CARLSTADT NY 07072
M	COIRO, MICHAEL F.	3114 TUXEDO AVE	WEST PALM BEACH FL 33405
			500004961395--8 -02/20/02--01052--016 ****150.00 ****150.00
			500004961395--8 -02/20/02--01052--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BOYLE, CONRAD J
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394

9. Name and Address of New Registered Agent

Name

MICHAEL F. COIRO
Street Address (P.O. Box Number is Not Acceptable)
3114 TUXEDO AVE
Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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 F. Coiro
REGISTERED AGENT MUST SIGN

Date

1/16/02

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:

Michael F. Coiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02

Daytime Phone #

CR2E040 (8/01)