

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 1:55

DOCUMENT # P 980000 53886

1. Corporation Name

SBZZ OF WINTER PARK, INC

2. Principal Office Address 40 FEATHERED
NEST
770 LEXINGTON AVENUE

3. Mailing Office Address 40 FEATHERED
NEST
770 LEXINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10TH FLOOR

10TH FLOOR

City & State

City & State

NEW YORK NY

NEW YORK NY

Zip

Country

Zip

Country

10021

USA

10021

USA

REINSTATEMENT 0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-22-98

SP

5. FEI Number

58-2401225

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael H. Winn

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

190 E. MORSE BLVD

100004475541-0

Suite, Apt. #, Etc.

07/16/01 01003-002

****908.75 ****908.75

City

Winter Park

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael H. Winn
REGISTERED AGENT MUST SIGN

Date

6/28/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ZECKENDORF, ARTHUR	770 LEXINGTON AVE	NEW YORK, NY 10021
VP	ZECKENDORF, WILLIAM L	770 LEXINGTON AVE	NEW YORK, NY 10021
VP	SWIG, KENT	770 LEXINGTON AVE	NEW YORK, NY 10021
VP	BURRIS, DAVID	770 LEXINGTON AVE	NEW YORK, NY 10021

10. 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

Date

7/2/01

Daytime Phone #

CR2E081 (8/00)