

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 30 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065176

1. Corporation Name

SYDEL SINGER FAMILY CORPORATION

Principal Place of Business

Mailing Address

1111 KANE CONCOURSE
SUITE 200
BAY HARBOR ISLANDS FL 33154

1111 KANE CONCOURSE
SUITE 200
BAY HARBOR ISLANDS FL 33154

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9911 West Broadview Drive

3. New Mailing Office Address, If Applicable

P. O. Box 546530

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bay Harbor Islands, FL

City & State
Surfside, FL 33154

Zip

Country

Zip

Country

33154

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1998

5. FEI Number

65-6854483

Applied For

Not Applicable

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
P	WALKER, KENNETH	440 EAST 56TH STREET	NEW YORK NY 10022
S	NELSON, THEODORE R ESQ	1111 KANE CONCOURSE SUITE 200 9911 West Broadview Drive	BAY HARBOR ISLANDS FL 33154

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

12/29/03
10-23-03

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

Theodore R. Nelson, Esq., Secretary

Date

Daytime Phone #

12-26-03 305 868 0934

CR2E040 (7/03)