

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 18 PM 5:45

DOCUMENT # **P98000066593**

1. Corporation Name

**SBZZ OF ORLANDO INC**

2. Principal Office Address

**770 LEXINGTON AVE**

Suite, Apt. #, etc.

**5<sup>TH</sup> FLOOR**

City & State

**NEW YORK NY**

Zip

**10021**

Country

3. Mailing Office Address

**C/O FEATHER & POST RESIDENTIAL  
770 LEXINGTON AVE**

Suite, Apt. #, etc.

**5<sup>TH</sup> FLOOR**

City & State

**NEW YORK NY**

Zip

**10021**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/29/98**

5. FEI Number

**58-2405499**

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

**PETER E. REINERT ESQ**

Street Address (P.O. Box Number is Not Acceptable) **40 GOODGOLD, DOWNING, SHELTON, BATAGLIA**

Suite, Apt. #, Etc.

**222 WEST CONSTOCK AVE**

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

REGISTERED AGENT MUST SIGN

**900003501069--4**

Date **12/14/00--01021--009**

\*\*\*308.75 \*\*\*158.75

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
PRES	ARTHUR ZECKENDORF	770 LEXINGTON AVE	NEW YORK NY 10021
VP	WILLIAM L. ZECKENDORF	770 LEXINGTON AVE	NEW YORK, NY 10021
VP	KENT SWIG	770 LEXINGTON AVE	NEW YORK NY 10021
VP	DAVID BURRIS	770 LEXINGTON AVE	NEW YORK NY 10021
			AD

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

**DAVID BURRIS**

Date

**11/29/00 (212) 508-7**

Daytime Phone #

CR2E081 (9/99)

2-



P98000066593

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Attention: M. Hodges

Dear Ms. Hodges

Per our conversation I am enclosing the renewal fees for Corporate reinstatement and Limited Partnership reinstatement. Both renewal forms were not received by this office due to improper addressing, which has since been rectified. As we discussed because of this problem only the renewal fees are required not the fees for reinstatement.

Thank you for your assistance in this matter.

Very truly yours

Richard Allen.