

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 APR 15 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA8000074305

1. Corporation Name

COOLIDGE VILLAGE SQUARE
REALTY CORP.

2. Principal Office Address

1 WEST RED OAK LANE

Suite, Apt. #, etc.

c/o HOLLAND PARNES

City & State

White PLAINS, NY

Zip

10604

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800015872478
04/15/03--01010--003 **\$900.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/98

5. FEI Number

58-2410719

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

RMC PROPERTY GROUP LLC

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

1733 W Fletcher Avenue

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

Arwen A. Taylor

Date

4-8-03

REGISTERED AGENT MUST SIGN

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	PARNES, HOWARD	1 West Red Oak Lane	White Plains, NY 10604
VP	STAHL, Sheldon	1 West Red Oak Lane	White Plains, NY 10604
TR	Tiburzi, Robert V.	1 West Red Oak Lane	White Plains, NY 10604

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:

Howard Parnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD PARNES

Date

4-9-03

Daytime Phone #

CR2E081 (10/02)