## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA-DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9	9000064023
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1 Corporation Name

Coolidge-Anvil Realty Corp.

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

455 Central Park Avenue Scarsdale NY 10583

455 Central Park Avenue Scarsdale NY 10583

	•				EINS	TATEMENT	$\omega$
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 Address, If Applicable				DO NOT WRITE IN THIS SEACE  4. Date Incorporated or Qualified			
				To Do Business in Florida 07–19–99			
Suite, Apt.	#, etc.	Suite, Apt. #.	etc.		_	5. FEI Number Applied F	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				13-4079868	
Zip	Country	Zip	C	Country	6. CERTIFICAT	E OF STATUS DESIRED S8.75. Add	tional Fee required tificate of Status
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit co	orporations must list at le	ast 3 directors)		
Title(s)	Name of Officers		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		٢	City / State / Zip	
D	Parnes, Howard L.		455 Cen	<u>itral Park Ave</u>	enue	Scarsdale NY 1058	3
D .			455 Cen	455 Central Park Avenue		Scarsdale NY 10583	
D	Sannella, Theodore		455 Central Park Avenue		enue	Scarsdale NY 10583	
					o	000034344	205
						000034344 -10/23/000100 ****758.75 **	# <b>*</b> 758.75
8. Name and Address of Current Registered Agent				9. Name and	Address of New Registered Agent		
Name				Name			
	Storey & Callahan, P			_ Street Address (	P.OBox:Number	is.tvot Acceptable).	<del></del>
-37-North-Orange Avenue, Suite 200							
Orlando, FL 32801				Suite, Apt. #, Etc	<b>3</b> .		
				City	City State Zip Code FL		lode
10, I, being	appointed the egisteres agent of the abo	ove named cero	oration, am fami	iliar with and accept the o	obligations of Sect	tion 607,0505. F.S	}
Signature of Registered Agent Date 10/14/00							
W. Scott Callahan, Esquire							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No xx (See other size for information on intangible lax.)							

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is graemed eventor from public access. I certify that I am an officer of director or the receiver at public 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 dissocial heap been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401. F.S., and that all less owed by the corporation have been paid, it is made under oath. this reinstatement application the reason for disso leas owed by the corporation have been paid, under oath,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON WINE-Sheldon Stahl, as its Vice President R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

914-472-6070