PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 27 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200032660602
08/29/03--01013--012 **900.00

REINSTATEMENT 02-03

DOCUMENT # P99000064023

1. Corporation Name

Coolidge-Anvil Realty Corp.

2. Principal Office Address	**3.** Mailing Office Address
One West Red Oak Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: White Plains, New York	City & State
Zip: 10604 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/19/1999

5. FEI Number: 134079868 ☐ 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: W. Scott Callahan, Esq. @ Stump, Storey, Callahan & Dietrich, P.A.

Street Address (P.O. Box Number is Not Acceptable): 37 North Orange Avenue

Suite, Apt. #, Etc.: Suite 200

City: Orlando | State: FL | Zip Code: 32801

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 _____ Date _____

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*
D	Howard L. Parnes	One West Red Oak Lane	White Plains, New York 10604
D	Sheldon Stahl	One West Red Oak Lane	White Plains, New York 10604
D	Theodore Sannella	One West Red Oak Lane	White Plains, New York 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: Vice Pres. 8/7/03 914 694 6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sheldon Stahl