

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 808127

1. Corporation Name

S.D.C.B. CORP.

Principal Place of Business

Mailing Address

21 ST GEORGE PLACE  
PALM BEACH GARDENS, FLORIDA 33418

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11576

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/1990

5. FEI Number

11-3001696

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Bruce Goldberg	20 Lawn Drive	East Hills, NY 11576
Vice Pres.	Seth Goldberg	6 Edgewood Lane	East Hills, NY 11576
Secy	Glenn Goldberg	301 East 52nd Street	New York, NY
			000003078470--6 -12/22/99--01047--026 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

Seth Goldberg  
6 Edgewood Lane  
East Hills, NY 11576

9. Name and Address of New Registered Agent

Name  
Larry Z. Glickman, Esq./SACHS, SAX & KLEIN, PA  
Street Address (P.O. Box Number is Not Acceptable)  
301 Yamato Road  
Suite, Apt. #, Etc.  
Suite 4150  
City  
Boca Raton  
State  
FL  
Zip Code  
33431

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/7/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

PRES.

Date

11/9/99 (516) 484  
6434

Daytime Phone

KE