

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC -9 AM 8:22

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

1801 SP INC. *V-01905*

2. Principal Office Address

5 Farmers Road

Suite, Apt. #, etc.

3. Mailing Office Address

5 Farmers Road

Suite, Apt. #, etc.

City & State

Great Neck, NY

City & State

Great Neck, NY

Zip

11024

Country

Zip

11024

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/91

5. FEI Number

65-0874861

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

BlumbergExcelsior Corporate Services, Inc.

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

4435 Old Winter Garden Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32802

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent:*[Signature]*Date October 23, 2003

Marc D. Meel, Agent Secy

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	Ronald L. Crane	5 Farmers Road	Great Neck, NY 11024
VP	Paula Crane	5 Farmers Road	Great Neck, NY 11024
			900025357729
			12/09/03--01076--005 **750.00

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)(b), 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]

11/22/03 212 415 3794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZ:cat (10/03)