

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 21 PM 4:52

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # VO1905

1. Corporation Name

1801 SP INC.

**REINSTATEMENT 00-01**

2. Principal Office Address

5 Farmers Road

3. Mailing Office Address

5 Farmers Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Great Neck, NY

City & State

Great Neck, NY

4. Date Incorporated or Qualified To Do Business in Florida

12/23/91

5. FEI Number  
650874861

Applied For  
Not Applicable

Zip 11024

Country USA

Zip 11024

Country USA

6. CERTIFICATE OF STATUS DESIRED  \$675 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

XL 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  
32811

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

REGISTERED AGENT MUST SIGN

Date 01/25/01

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	City / State / Zip
Pres.	Ronald L. Crane	5 Farmers Road	Great Neck, NY 11024
V.P.	Paula Crane	5 Farmers road	Great Neck, NY 11024

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01

Date

Daytime Phone #

**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850) 922-4004

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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**CORPORATION REINSTATEMENT**

**1801 SP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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