

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV 29 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300033619

1. Corporation Name

5th Avenue Channel Corp.

2. Principal Office Address - No P.O. Box #
20229 NE 15th Court

3. Mailing Office Address
20229 NE 15th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33179

Country

Zip
33179

Country

4. Date Incorporated or Qualified To Do Business in Florida
05/07/93

5. FEI Number
593175814

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT
CR2E081 (1/07) 02-01

7. Name and Address of Current Registered Agent

Name
Ella Frenkel

Street Address (P.O. Box Number is Not Acceptable)
20229 NE 15th Court

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33179

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 November 27, 2007

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	Ella Frenkel	20229 NE 15th Ct.	Miami, FL 33179
SEC	Ilya Spivak	20229 NE 15th Ct.	Miami, FL 33179
			200112696912

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 contained in Chapter 119, 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:

Ella Frenkel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 27, 2007
Date

305-651-9200
Daytime Phone #

Nov 30 2007



CORPORATION SERVICE COMPANY

202

ACCOUNT NO. : 072100000032
 REFERENCE : 332467 7610582
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 1,500.00 ^{8.75} *[Signature]*

ORDER DATE : November 27, 2007
 ORDER TIME : 11:18 AM
 ORDER NO. : 332467-005
 CUSTOMER NO: 7610582

DOMESTIC FILINGS

NAME: 5TH AVENUE CHANNEL CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2007 NOV 29 PM 12:38
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING