PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATIO	N
REMSTATEMENT	RJ



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000033619**

1. Corporation Name

5TH AVENUE CHANNEL CORP.

Principal Place of Business

Mailing Address

9957-NE 169RD STREET NORTH MIAMI FL 32160 4857-NE 460RD STREET

NORTH MIAMI FL 80100

FILED TYSION OF CORPORATIONS

01 NOV -7 PM 1:48

2. New Prin		3. New Mailing Office Address, If A	Applicable 4. Date Inc	Date Incorporated or Qualified To Do Business in Florida 05/07/1993		
City & State.		City & State	5. FEI Num	nber 59-3175814	Applied For Not Applicable	
33	181	N. Mianu F	CEHTIFIC	CATE OF STATUS DESIRED for :	Additional Fee required a Certificate of Status	
7. Narges and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s)	Name of Officers and/or Directors	Offic	eet Address of Each cer and/or Director	City / State	·	
CEO.	ROSEN, MELVIN	3957 NE 163RD S		N MIAMI BEACH FL 33180	<u> </u>	
-	DEVLIN, DENNIS	3957-NE 163RD S) 	N MIAMI-BEACH-FL 33160		
-coo	TAYLOR, ADAM	3957 NF 163RD-9	3957 NF 163RD-ST N MIAMI BEACH FL 33160			
EV	LEFTKOWITZ, ERIC	3957 NE 163RD S	3957 NE 163RD ST , N MIAMI BEACH FL 33160			
-D	HOUSEFIELD, SCOTT 3957 NE 163RD ST		14946 St.	N MIAMI BEACH FL 33160		
Ð	INESTEIN, LARRY 3957 NE 163RD 9T		• • •	N. M. SM. FT. 33181		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						
Name				(P.O. Box Number is Not Acceptable)		
-9957-NE-163RD-ST			1951 NE 149** Street Suite, Apt. #, Etc.			
			City N. Miand	State FL	Zip Code 33181	
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 600046981355 -11/29/01-01045-008						
Signature of Registered Agent Date						

11. 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

REGISTERED AGENT MUST SIGN

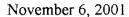
11/6/01

305-947-30*10*

Daytime Phone #

CR2E040 (8/01)





Florida Department of State Katherine Harris, Secretary of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

REGARDING: Application for Reinstatement

To Whom It May Concern:

Pursua it to conversation today with one of your officers, I am attaching this letter notifying you that we did not receive the previous notifications for Corporation Applications. We have experienced many difficulties within the last few months due to corporate downsizing and relocation as this may have contributed to problems with receiving our mail. We have a new address now, the difficulties have been corrected and we are progressing.

Therefore, as advised, we are sending the \$150 application fee with the application for reinstatement, attached.

Thank you for your cooperation.

Sincerely

Eric Leikowitz Registered Agent Sandy Goldman

President

New Registered Agent