


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
06 OCT -9 PM 5:03  
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DOCUMENT # F94000001196

1. Corporation Name

MIDWOOD MANAGEMENT CORP.

700081302167  
10/27/06--01053--018 \*\*2400.00

REINSTATEMENT 95-06  
CR2E081 (12/05)

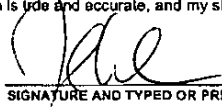
2. Principal Office Address 430 Park Avenue Suite, Apt. #, etc. Suite 505 City & State New York, New York Zip 10022 Country US		3. Mailing Office Address 430 Park Avenue Suite, Apt. #, etc. Suite 505 City & State New York, New York Zip 10022 Country US	
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4. Date Incorporated or Qualified To Do Business in Florida 3/10/1994	
5. FEI Number 13-3249484	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name Marie C Briz Street Address (P.O. Box Number is Not Acceptable) 335 Florida Ave Suite, Apt. #, Etc. City Coral Gables State FL Zip Code 33134	
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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 Marie C Briz REGISTERED AGENT/MUST SIGN Date 10-4-2006	
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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
MR.	JOHN USDAN, PRES	430 PARK AVENUE, 505	NEW YORK, NY 10022
MR.	SACHIN SHAH, SECT.	430 PARK AVENUE, SUITE 505	NEW YORK, NY 10022

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN USDAN, PRES. 10/5/06 (212) 682-9595 Date Daytime Phone #	
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