

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 18 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO5000073863**

1. Corporation Name

5TH AVENUE CHANNEL CORP.

2. Principal Office Address - No P.O. Box #

16718 FRAMPTON CT

Suite, Apt. #, etc.

3. Mailing Office Address

16718 FRAMPTON CT.

Suite, Apt. #, etc.

City & State

SPRING, TX

City & State

SPRING, TX

Zip

77379

Country

USA

Zip

77379

Country

USA

REINSTATEMENT
CR2E081 (1/07) **06/07**

4. Date Incorporated or Qualified To Do Business in Florida

05-07-1993

5. FEI Number

59-3175 814

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

NANCY BOCHICCHIO

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

10795 BUTTERNWOOD LAKE DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/17/07**

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
C, SEC	CLAUDE E. ELDRIDGE	16718 FRAMPTON CT	SPRING, TX, 77379

700106647987
07/24/07--01054--030 **908.75

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

[Signature]

Date **7/17/07**

Daytime Phone # **281-740-1090**