FROM : FAX NO. :

2006 FOR PROFIT CORPORATION REINSTATEMENT

06 OCT 17 PM 3:21

DOCUMENT # F03000003084

1. Entity Name
176 ASSOCIATES, INC.

Principal Place of Business	Mailing Address
15 EAST 40TH STREET NEW YORK, NY 10016-0401	15 EAST 40TH STREET NEW YORK, NY 10016-0401

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400102006--REINFR--F03000003084(05)

4. FEI Number 13-3250514 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, JOHN F ESQ.
2033 WOOD STREET, SUITE 220
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: LEPRELL, SAM, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1930 SAN MARCO BLVD, SUITE 201
ST. MARK'S PLACE
City: JACKSONVILLE, FL Zip Code 32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 10/13/06

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC GARROW, VINCENT 15 EAST 40TH STREET NEW YORK, NY 100160401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300080924513 10/17/06--01042--007 **175.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent Garrow 10/10/06 212-697-7693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

<VINCENT GARROW>

B. Mitchell OCT 17 2006