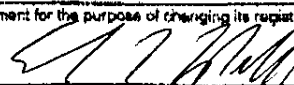
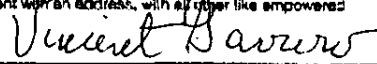


FROM :

FAX NO. :

2006 FOR PROFIT CORPORATION REINSTATEMENT

06 OCT 17 PM 3:21

DOCUMENT # F03000003084					
1. Entity Name 178 ASSOCIATES, INC.					
Principal Place of Business 15 EAST 40TH STREET NEW YORK, NY 10018-0401			Mailing Address 15 EAST 40TH STREET NEW YORK, NY 10018-0401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FBI Number 13-3250514			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.76 Additional Fee Required		
8. 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		
9. 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:  10/13/06 Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!! FEB 10 \$100.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE	PSTC	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARROW, VINCENT		NAME		
STREET ADDRESS	15 EAST 40TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY 10018-0401		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  10/10/06 212-697-7693			DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		
<VINCENT GARROW>					

B. Mitchell OCT 17 2000