


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 OCT 18 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000797	
1. Entity Name CLAY AVE. REALTY CORP.	

Principal Place of Business 2735 WEBSTER AVE BRONX, NY 10458	Mailing Address 2735 WEBSTER AVE BRONX, NY 10458
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2. Principal Place of Business 2735 Webster Ave.	3. Mailing Address 2735 Webster Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bronx, NY	City & State Bronx, NY
Zip 10458	Zip 10458
Country USA	Country USA

10172005 REIN-P CR2E098 (6/04)

4. FEI Number 13-2940853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHMIDT, JOSEPH W JR C/O ELAINE WADDELL 7714 132ND WAY SEMINOLE, FL 33776-3920	
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7. Name and Address of New Registered Agent Name Joseph W. Schmidt, Jr. Street Address (P.O. Box Number is Not Acceptable) C/O Elaine Waddell 7714 132nd Way City Seminole FL Zip Code 33776	
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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 <i>Joseph W. Schmidt, Jr.</i>	DATE 10/14/05

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS SCHMIDT, JOSEPH W JR 2735 WEBSTER AVE BRONX, NY 10458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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10/18/05--01071--007 **750.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <i>Joseph W. Schmidt, Jr.</i>	DATE 10/14/05	FILE NO. 718-367-2040
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