

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 OCT 29 PM 2:19

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

DOCUMENT # 206000024517

1. Corporation Name

1801 BRADFORD

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

3000 Ave K

Suite, Apt. #, etc.

3. Mailing Office Address

3000 Ave K

Suite, Apt. #, etc.

City &amp; State

Brooklyn N.Y.

City &amp; State

Brooklyn N.Y.

Zip

11210

Country

US

Zip

11210

Country

US

7. Name and Address of Current Registered Agent

Name

Stein, Eric P Esq.

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

1820 NE 163 Street

Suite, Apt. #, Etc.

Suite-100

City

North Miami

State

FL

Zip Code

33162

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


REGISTERED AGENT MUST SIGN

Date

10/17/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

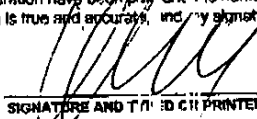
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Howard P. Kocot	3000 Ave K	Brooklyn NY 11200

300137326123  
 10/27/08--01058--003 \*\*150.00

**REINSTATEMENT**  
 06-08

10. I certify that I am an officer or director of the corporation and I am authorized 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:



PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #