2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008310

JACKSON, SHALLYN

ORANGE PARK, FL 32073

596 WILLIAM PENN

Name:

Address: City-St-Zip: FILED Oct 05, 2005 Secretary of State

DOCOM	TENT# NUZUU	10008310				Se	cretary of	State
Entity Nai	ne: THE 51ST V	VAY, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	TERIA STREET VILLE, FL 32209							
Current Mailing Address:				New Mailing Address:				
	TERIA STREET VILLE, FL 32209							
In accordan	ce with s. 607.193(2)		rporation did not receive	•	e.		e of Status Des	. ,
Name and	Address of Cur	rent Register	ed Agent:	Name and	Address of	of New Regi	stered Agent	t:
	OHN R JR. FERIA STREET VILLE, FL 32209	US						
	named entity sub of Florida.	mits this state	ement for the purpose of	of changing i	ts registere	d office or re	gistered ager	nt, or both,
SIGNATUR	RE: JOHN R ALL	_EN JR						
	Electronic	Signature of R	egistered Agent				Date	
OFFICER	S AND DIRECTO	RS:		ADDITION	S/CHANG	ES TO OFFI	CERS AND I	DIRECTORS:
Title: Name: Address: City-St-Zip:	MR. () De ALLEN, JOHN R JF 2510 WISTERIA S' JACKSONVILLE, F	R TREET		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MS. () De JENNINGS, SHEEN 12492 EAGLES CL JACKSONVILLE, F	NA Y .AW LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De MARSHALL, JERM 3048 4TH STREET JACKSONVILLE, F	AINE CIRCLE		Title: Name: Address: City-St-Zip:	3048 4TH S	(X) Change(, JERMAINE STREET CIRCLE ILLE, FL 3225	<i>*</i> ≣	
Title:	T ()De	lete		Title:	MS	(X) Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

JACKSON, SHALLYN

ORANGE PARK, FL 32073

596 WILLIAM PENN

SIGNATURE: SHEENA Y JENNINGS MS 10/05/2005