01/14/2008 16:48 5616941639

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2008 JAN 15 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000105457

1. Corporation Name
SECOND AVENUE MANAGEMENT INC.

REINSTATED 06-07

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5110 NE 28 AVE.	5110 NE 28 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LIGHTHOUSE Florida	City & State: LIGHTHOUSE Florida
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 651053485 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Rd.

Suite, Apt. #, Etc.: # 221 E

City: Palm Beach Gardens State: FL Zip Code: 33410

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Valerie Hawk Valerie Hawk, Asst. Secretary Date: 1/14/08

REGISTERED AGENT MUST SIGN

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
D	ROBERT HARTLEY JR	5110 NE 28 AVE.	LIGHTHOUSE FL 33064

10. I certify that I am an officer or director or the receiver or trustee empowered 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: Valerie Hawk ROBERT HARTLEY JR By V.Hawk as attorney-in-fact 1/14/08 561-694-8107

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

B. Mitchell JAN 15 2008

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

SECOND AVENUE MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,050.00~~

$450 - fee waived

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