PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Mailed

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT 19 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000033457

1. Corporation Name
Main Street Apartments, Inc.

2. Principal Office Address	3. Mailing Office Address
7-11 Holland Avenue	
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.
City & State: White Plains, N.Y.	City & State
Zip: 10603 Country: USA	Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 2/20/04

5. FEI Number: 20-0751646 ☐ 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: Thomas C. Nash
Street Address (P.O. Box Number is Not Acceptable): 625 Court Street
Suite, Apt. #, Etc.: Suite 200
City: Clearwater State: FL Zip Code: 33756

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: [signature] 10/17/06
REGISTERED AGENT MUST SIGN
Date

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/P	Mark Saljanin	7-11 Holland Avenue, 2nd Fl.	White Plains, N.Y. 10603
		B 10/15/04	
		900081827269	
		10/19/06--01039--009 **300.00	

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: Mark Saljanin 10/5/06 914-328-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAIN STREET APARTMENTS INC.

7-11 HOLLAND AVENUE, 2nd FL.
WHITE PLAINS, N.Y. 10603
PHONE 914-328-0555
FAX 914-328-0505

October 3, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

2005

Dear Sir or Madam:

I am stating that I did not receive the annual report notice. This is due to the fact that you have an old address on file for Main Street Apartments Inc. The new address is 7-11 Holland Avenue, 2nd Floor, White Plains, N.Y. 10603.

I am asking if you can please waive the Reinstatement fee, as I have enclosed a check for $300.00 for the last 2 years.

Sincerely,

Mark Saljanin

Mark Saljanin
President