

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000000196

Entity Name: 5TH AVENUE FINANCIAL GROUP, INC.

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

19211 NORTH CREEKSHORE COURT
BOCA RATON, FL 334986218

New Principal Place of Business:

6769 WOODBRIDGE
BOCA RATON, FL 33434

Current Mailing Address:

19211 NORTH CREEKSHORE COURT
BOCA RATON, FL 334986218

New Mailing Address:

6769 WOODBRIDGE
BOCA RATON, FL 33434

FEI Number: 20-4074189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAFT, ALAN
19211 NORTH CREEKSHORE COURT
BOCA RATON, FL 334986218 US

Name and Address of New Registered Agent:

HAFT, ALAN
6769 WOODBRIDGE
BOCA RATON, FL 33434 US

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.

SIGNATURE: ALAN HAFT

01/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HAFT, ALAN
Address: 19211 NORTH CREEKSHORE COURT
City-St-Zip: BOCA RATON, FL 334986218

Title: CFO () Delete
Name: HAFT, ALAN
Address: 19211 NORTH CREEKSHORE COURT
City-St-Zip: BOCA RATON, FL 334986218

Title: D () Delete
Name: HAFT, ALAN
Address: 19211 NORTH CREEKSHORE COURT
City-St-Zip: BOCA RATON, FL 334986218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HAFT, ALAN
Address: 6769 WOODBRIDGE
City-St-Zip: BOCA RATON, FL 33434

Title: CFO (X) Change () Addition
Name: HAFT, ALAN
Address: 6769 WOODBRIDGE
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Change () Addition
Name: HAFT, ALAN
Address: 6769 WOODBRIDGE
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN HAFT

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date