2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000051837

Entity Name: FIFTY SECOND AVENUE ASSOCIATES, INC.

FILED Aug 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% 951 BROKEN SOUND PARKWAY N.W. 6558 NW 39TH TERRACE SUITE 100 BOCA RATON, FL 33496

BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

% 951 BROKEN SOUND PARKWAY N.W. 6558 NW 39TH TERRACE BOCA RATON, FL 33496

BOCA RATON, FL 33498

FEI Number: 65-0429938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHUSTER, MICHAEL

951 BROKEN SOUND PAKRWAY ST.

STE. #100 N.W.

BOCA RATON, FL 33487 US

SCHUSTER, TULLY I

6558 NW 39TH TERRACE

BOCA RATON, FL 33496 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: I. TULLY SCHUSTER 08/01/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 SCHUSTER, ISRAEL T
 Name:
 SCHUSTER, ISRAEL T

 Address:
 % 951 BROKEN SOUND PARKWAY, N.W., STE 100
 Address:
 6558 NW 39TH TERRACE

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:
 BOCA RATON, FL 33496

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 SCHUSTER, MICHAEL
 Name:
 SCHUSTER, MICHAEL

 Address:
 % 951 BROKEN SOUND PARKWAY, N.W., STE 100
 Address:
 6558 NW 39TH TERRACE

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:
 BOCA RATON, FL 33496

Title: VP () Delete Title: VP (X) Change () Addition

Name: SCHUSTER, RITA M Name: SCHUSTER, RITA M

 Address:
 % 951 BROKEN SOUND PARKWAY, N.W., STE 100
 Address:
 6558 NW 39TH TERRACE

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:
 BOCA RATON, FL 33496

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: I. TULLY SCHUSTER PRES 08/01/2007