2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000090240

Address:

City-St-Zip:

1875 MCCARTER HWY

NEWARK, NJ 07104

FILED Oct 13, 2009 Secretary of State

Entity Name: NW 165 ST., INC.				
Current Principal Place of Business:			New Principal Place of Business:	
5100 NW MIAMI, FL	165TH ST 33014-330 U	3		
Current Mailing Address:			New Mailing Address:	
	ARTER HWY NJ 07104	US		
FEI Number	: 22-3545821	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:				
SAFER, AL 1500 S. OCEAN BLVD. SUITE S901 BOCA RATON, FL 33432 US			KRANTZ, JEFFREY 7070 AVILA TERRACE WAY DELRAY BEACH, FL 33446 US	
The above in the State	named entity s e of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,
SIGNATURE: JEFFREY KRANTZ				10/13/2009
	Electron	ic Signature of Registered Ag	ent	Date
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SAFER, ALBER 1875 MCCARTI NEWARK, NJ (ER HWY.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SVP () HERMANN, STE 1875 MCCARTE NEWARK, NJ (ER HWY	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	EVP () NEUER, PHILIF 5100 NW 165TI MIAMI, FL 330	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SAS () NEUER, PHILIF 1875 MCCARTI NEWARK, NJ ()	ER HWY	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	T () WACHSMAN, R	Delete ICHARD	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: PHILIP D. NEUER **EVP** 10/13/2009