PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

192

FILED
02 AUG 26 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/05/02--01029--032
****450.00 ****450.00

DOCUMENT # P99000025649

1. Corporation Name: First Wall Street Group, Inc.

2. Principal Office Address	3. Mailing Office Address
5961 Falls circle dr. N.	5961 Falls circle dr N.
Suite, Apt. #, etc.: #109	Suite, Apt. #, etc.: # 109
City & State: Lauderhill FL.	City & State: Lauderhill Florida
Zip: 33319 Country: Broward	Zip: 33319 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 3-15-99

5. FEI Number: ~~65~~ 65-0702350 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required For Certified Copy

7. Name and Address of Current Registered Agent

Name: Robert Louis Annenberg

Street Address (P.O. Box Number is Not Acceptable): 5961 Falls Circle dr N. # 109

Suite, Apt. #, Etc.:

City: Lauderhill State: FL Zip Code: 33319

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: _____ Date: 8/20/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES	Robert Louis Annenberg	5961 Falls Circle dr N # 109 Lauderhill FL	33319
Sec.			

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 under section 119.07(3)(i), 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: _____ 8/20/02 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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To whom it may concern:

I had never received the notice of corp. Deficiency form in the mail.
There fore I am following the instructions of you reps who told me to send a letter stating the facts that I did not receive the proper forms to up date my corp. along with a check for $450.00 Thank you very much for your attention

8/21/02

Robert Annenberg Pres: First Wall Street Group,Inc.