

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -7 AM 9:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # *P99000033427*

1. Corporation Name

5TH AVENUE RETAIL, INC.

2. Principal Office Address

629 FIFTH AVE.

Suite, Apt. #, etc.

2ND FLOOR

City & State

PELHAM, NY

Zip

10803

Country

U.S.

3. Mailing Office Address

3957 N.E. 163 ST.

Suite, Apt. #, etc.

City & State

NO. MIAMI BCH., FL

Zip

33160

Country

U.S.

REINSTATEMENT

80

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/13/99

5. FEI Number

☒ 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

ERIC LEFKOWITZ

Street Address (P.O. Box Number is Not Acceptable)

3957 N.E. 163 ST.

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

100003496601-9

-12/12/00--01028--013

****750.00 ***750.00*

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date *11/6/00*

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
<i>P</i>	<i>MICHAEL J. TEDESCO</i>	<i>629 FIFTH AVE. 2ND FLOOR</i>	<i>PELHAM, NY 10803</i>
<i>S/T</i>	<i>MEL ROSEN</i>	<i>3957 N.E. 163 ST.</i>	<i>NO. MIAMI BCH., FL 33160</i>
			KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00

Date

(305) 947-3010

Daytime Phone #

CR2E081 (9/99)