PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -2 PM 2:27

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000068404

1. Corporation Name
164 STREET CORPORATION

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
276 S PARKWAY	276 S PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

11/03/03 01074013 612

4. Date Incorporated or Qualified To Do Business in Florida: 7/xx/99

5. FEI Number: 65-0949993 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ELENSON, DEBRA

Street Address (P.O. Box Number is Not Acceptable): 276 S PARKWAY

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33160

000037578838
06/02/04--01053--007 **24.50

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: X Debra Elenson Date:
REGISTERED AGENT MUST SIGN

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	ELENSON, DEBRA	276 S PARKWAY	MIAMI FL 33160
VP	EICHNER, Jonathan	276 S PARKWAY	MIAMI FL 33160

10. I certify that I am an officer or director of 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: X Debra Elenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To: Eula Peterson

As per our conversation on 6/1/04 in regards to corporation 164 Street corporation Document # P99000068404. I never receive the notice to renew and would like to reinstate the corporation at this time,enclosed is a check for $246.50 that includes the $8.75 for a certificate of status. I appreciate your help in this matter

Sincerely yours, Edward Elenson