PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 FEB 24 AH 9: 30 SECRETARY OF STATE		
DOCUMENT # S 66449 1. Corporation Name EASTERN AVENUE PROPERTIES, INC.					LLAHASSEE, FL	·
2. Principal Office Address - No P.O. Box # One Eastern Avenue Sulfe, Apt. #, etc.		3. Mailing Office Address P.O. Box 1429 Suite, Apt. #, etc.		100257101861 02724/1401046016 **2858.75 cr2E081 (11/10)		
City & State New London , CT 06320 Zip (Country)		City & State New London, CT Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 7/12/91 5. FEI Number		
06320	USA	06320-1429	USA	6. CERTIFICATI	LOI SIAIOS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
Joseph Stellato Street Address (P.O. Box Number is Not Acceptable) 1043 Hillsboro Mile Suite, Apr. #, Etc. 4C City Hillsboro Beach State FL 33062						
8. I, being appointed the registered agent of the above named corpolation, am familiar with and accept the of Signature of Registered Agentary Joseph Stellatoregistered Agent MUST SIGN				Date		
9. Names and Street Titles	Addresses of Each Officer an Name of	d/or Director (Florida nonpro	ofit corporations must list at le		C. 1. 1.	N-1-7:-
Pr.es/			Officer and/or Director		Groton, CT 06340	
Sec/ Diř. Jos	Joseph Stellato 1043 Hillsboro Mile		, 4C	4C Hillsboro Beach, FL 33062		
REINSTATEMENT FEB 24 2014 R. HUNT						
10. E-mail Address: deglover@fcors.com (To be used for future annual report notification) 11. 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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SECRETARY 2/21/14 Date Daytime Phone #						