

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND

02 JUN 18 AM 11:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 831028

1. Corporation Name

FIRST GENERATION INC.

2. Principal Office Address

5275 Suffolk Drive

3. Mailing Office Address

5275 Suffolk Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number

112248705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

2001-2002

7. Name and Address of Current Registered Agent

Name

Jeffrey Kleiman

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

5275 Suffolk Drive

Suite, Apt. #, Etc.

City

Boca Raton

State FL

Zip Code

33496

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

[Signature]

REGISTERED AGENT MUST SIGN

Jeffrey Kleiman

June 14, 2002

Date

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
P	Rhoda Kleiman	5275 Suffolk Drive	Boca Raton FL 33436
VP	Jeffrey Kleiman	5275 Suffolk Drive	Boca Raton FL 33496

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)(f), 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]

June 14, 2002

561 994-6405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Kleiman

Date

Daytime Phone #

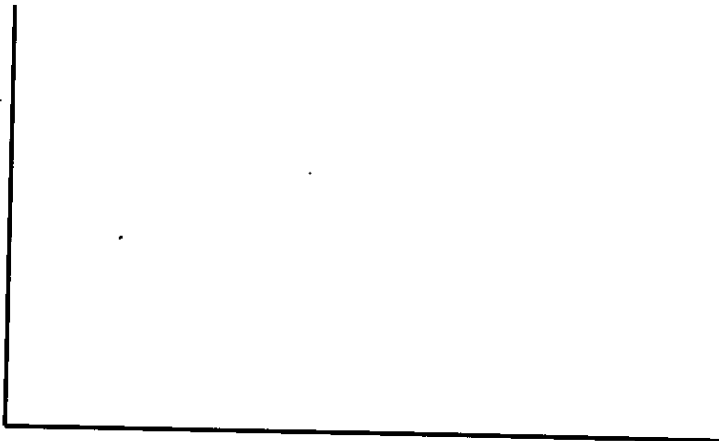
CR2E01 (3/01)

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734
Kathi or Brent



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. First Generation, Inc. 831028
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

Walk in

Pick up time 6/18

Certified Copy

Mail Out

Will wait

Stamped
Photocopy

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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DIVISION OF CORPORATIONS

Examiner's Initials