

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 JAN 28 PM 2:07

FLORIDA STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040819

1. Corporation Name

FIRST NOTEBOOK.COM, INC.

700116247837  
01/28/08--01043--018 \*\*758.75

**REINSTATEMENT** 04-08

2. Principal Office Address - No P.O. Box # 1111 Lincoln Road Suite, Apt. #, etc. Suite 400 City & State Miami Beach, Florida Zip 33139		Country United States		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
--	--	--------------------------	--	--	--

4. Date Incorporated or Qualified To Do Business in Florida		Applied For	
5. FEI Number 65-1003320		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
H Wayne Hayes, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
1111 Lincoln Road

Suite, Apt. #, Etc.  
Suite 400

City Miami Beach	State FL	Zip Code 33139
---------------------	-------------	-------------------

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 January 25, 2008

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
President	H Wayne Hayes, Jr.	1111 Lincoln Road, Suite 400	Miami Beach, Florida 33139
	<i>[Signature]</i>		

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 contained in Chapter 119, 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: \_\_\_\_\_ H Wayne Hayes, Jr. \_\_\_\_\_ 01/25/2008 786-497-1876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #