
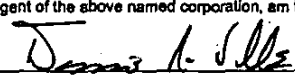



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000070754			
1. Corporation Name  FLORIDA FIRST INVESTMENTS, INC.			
2. Principal Office Address 1390 South Dixie Highway		3. Mailing Office Address 1390 South Dixie Highway	
Suite, Apt. #, etc. Attention: Loretta A. Murphy		Suite, Apt. #, etc. SUITE #1203 Attention: Loretta A. Murphy	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33146	Country USA	Zip 33146	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		09/23/1994	
5. FEI Number 650567815		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Dennis J. Olle, Esq			
Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce De Leon Boulevard			
Suite, Apt. #, Etc. Suite 400			
City Coral Gables			
State FL			
Zip Code 33134			
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 February 8, 2006	
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
DP	Harper, Carol E.	1390 South Dixie Highway	Coral Gables, Florida 33146
DSC	Harper, Allen C.	1390 South Dixie Highway	Coral Gables, Florida 33146
DVP	Murphy, Loretta A., CFO	1390 South Dixie Highway	Coral Gables, Florida 33146
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: 		Loretta A. Murphy	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date February 8, 2006	
		Daytime Phone # (305) 667-0990	

FILED  
2006 FEB -9 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

REINSTATEMENT 02-09-06  
FEB 09 2006  
C. Coquette  
State  
FL  
Zip Code  
33134

500065562995  
02/10/06--01005--011 \*\*1350.00



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 860476 4330594

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : February 9, 2006

ORDER TIME : 10:51 AM

ORDER NO. : 860476-005

CUSTOMER NO: 4330594

DOMESTIC FILINGS

\*\*\*\*\*FILE SIMULTANEOUSLY WITH THE ATTACHED AMENDMENT  
SINCE THIS NAME IS NO LONGER AVAILABLE.

NAME: FLORIDA FIRST INVESTMENTS,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - Ext# 2935

EXAMINER'S INITIALS \_\_\_\_\_

FILED  
2006 FEB - 9 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-09-06

RECEIVED  
06 FEB - 9 PM 12:48  
DIVISION OF CORPORATION