

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAR 10 AM 8:54

DOCUMENT # P95000028866

1. Corporation Name  
AMERIFIRST NETWORK, INC.

800068111708  
03/20/06--01027--012 \*\*150.00

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. 501 PENSACOLA BLVD.		Suite, Apt. #, etc. 501 PENSACOLA BLVD.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32505	Country USA	Zip 32505	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/07/1995

5. FEI Number 59-3321296 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name NARESH K. PATEL

Street Address (P.O. Box Number is Not Acceptable) 501 PENSACOLA BLVD.

Suite, Apt. #, Etc.

City PENSACOLA State FL Zip Code 32505

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]* Date 010/04/2005

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
P	NARESH K. PATEL	501 PENSACOLA BLVD.	PENSACOLA, FL 32505
V	JAY PATEL	501 PENSACOLA BLVD.	PENSACOLA, FL 32505

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)(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: *[Signature]* NARESH K. PATEL Date 10/04/2005 Daytime Phone # 850-944-4900

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