

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J66428

FILED  
Oct 16, 2006  
Secretary of State

Entity Name: ATLANTIC 1ST PROPERTIES, INC. I

**Current Principal Place of Business:**

241 NO UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

241 NO UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number: 59-2800387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAZANT, LARRY S  
1920 E HALLANDALE BEACH BLVD  
STE 510  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARRY S. SAZANT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: SAZANT, LARRY S.,  
Address: 1920 E HALLANDALE BEACH BLVD STE510  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DP ( ) Delete  
Name: SANDOW, SIDNEY A.,  
Address: 241 NO UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL

Title: DS ( ) Delete  
Name: ARON, ADRIENNE,  
Address: 241 NO UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE ARON

DS

10/16/2006

Electronic Signature of Signing Officer or Director

Date