

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 14 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 00000001255*

1. Corporation Name

Atlantic First Round Partners, Inc.

900008977119
11/13/02--01080--010 **61.25

900008977119
11/13/02--01080--009 **236.25
REINSTATEMENT *06-02*

2. Principal Office Address

215 Baytree Dr.

Suite, Apt. #, etc.

Suite 2

City & State

Melbourne FL

Zip

32940

Country

USA

3. Mailing Office Address

215 Baytree Dr.

Suite, Apt. #, etc.

Suite 2

City & State

Melbourne FL

Zip

32940

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-364677-2

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

Ned B Buffington

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

215 Baytree Dr.

Suite, Apt. #, Etc.

Suite 2

City

Melbourne

State
FL

Zip Code

32940

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

Date *12-26-01*

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
<i>Mr.^D</i>	<i>Ned B Buffington</i>	<i>215 Baytree Dr. Suite 2</i>	<i>Melbourne, FL 32904</i>
<i>Mr.^D</i>	<i>Fred J Orlando</i>	<i>180 Bry-Lynn Dr.</i>	<i>W. Melbourne FL 32904</i>
<i>Ms.^D</i>	<i>Deborah A Bradley</i>	<i>215 Baytree Dr.</i>	<i>Melbourne FL 32940</i>
<i>Mr.^D</i>	<i>John R Karcida</i>	<i>1686 W Hibiscus Blvd</i>	<i>Melbourne FL 32901</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 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]

Ned B Buffington

12-26-01

321-255-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (8/00)

27 1115