

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000081349			
1. Corporation Name BACKOFFICE PARTNERS, INC.			
Principal Place of Business 32551 TAYLOR GRADE ROAD DUETTE FL 33834		Mailing Address 32551 TAYLOR GRADE ROAD DUETTE FL 33834	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BRISCOE, DAVID L	32551 TAYLOR GRADE ROAD	DUETTE FL 33834
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER FL 33761		Name <u>David L. Briscoe</u> Street Address (P.O. Box Number is Not Acceptable) <u>32551 Taylor Grade Road</u> Suite, Apt. #, Etc. City <u>Duette</u> State <u>FL</u> Zip Code <u>33834</u>	
10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.			
Signature of Registered Agent		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN	
11. 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: <u>David L. Briscoe</u>		Date <u>30 Oct 2002</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			