PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. H3od

Secretary of State

DIVISION OF CORPORATIONS

P02000082034 **DOCUMENT #**

1. Corporation Name

AMERICA FIRST REALTY, INC.

Principal Place of Business

Mailing Address

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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

3924 NORTHWEST 30TH FERRACE GAINESVILLE PT 32805	PMB 101 SARASOTA FL 34233		93
If above addresses are incorrect in any v	vay, line through incorrect information and enter correction below.		
New Principal Office Address, If Applic	able 3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified	

3100 S. TAMIAMI TRAIL		3100 S. TAMIAMI TRAIL		To Do Business in Florida 07/29/2002					
Suite, Apt.	7, etc. 703		Suite, Apt. #, etc. #LO3		5. FEI Number		Applied Fo	or	
City & State	SARASO	TA FI	City & State	TA FL		151084	Not Applie	able	
210 34239 Country S.A.		SARASOTA FL ZIP 34239 Country USA		6. S8.75 Additional Fee required for a Certificate of Status					
7. Names a	and Street Ade	dresses of Each Officer and/o	or Director (Florida nonpro	fit corporations must list at lea	st 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip			
D	WATANABI	E, KAHORU	5 824 DE	ERIDGE ROAD, PMB 101		SARASOTA FL 34233 GAINESVILLE	- FL 3260	,5	
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						00243397		{	
		***		************************************	1073170	1301075015	**500.00		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
RYSKAMP, PATRICK W 200 SOUTH ORANGE AVENUE SARASOTA FL 34236			Name						
			Street Address (F	Street Address (P.O. Box Number is Not Acceptable)					
			-Suite; Apt. #, Etc.						
				City		Sta F			
10. I, being	appointed the	e registered agent of the abov	ve named corporation, am	familiar with and accept the o	bligations of Secti	on 607.0505, F.S. or 617.05	605, F.S.		
Signature o Registered	of Agent	SIGN	GISTERED AGENT MUST	Sign		Date	>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR