2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000123270

Entity Name: CFB CAPITAL, INC.

FILED Oct 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9995 GATE PARKWAY NORTH 1879 RIBAULT COURT SUITE 250 JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

9995 GATE PARKWAY NORTH
SUITE 250
JACKSONVILLE, FL 32246

1879 RIBAULT COURT
JACKSONVILLE, FL 32205

FEI Number: 20-3442776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAZZOLI, JON C
9995 GATE PARKWAY NORTH
SUITE 250
JACKSONVILLE, FL 32246 US

MAZZOLI, JON C
9995 GATE PARKWAY NORTH
SUITE 250
JACKSONVILLE, FL 32246 US

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: JON C MAZZOLI 10/11/2008

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MAZZOLI, JON C
 Name:
 MAZZOLI, JON C

 Address:
 9995 GATE PARKWAY NORTH SUITE 250
 Address:
 1879 RIBAULT COURT

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32205

Title: VP (X) Delete Title: () Change () Addition

 Name:
 MAZZOLI, JON C
 Name:

 Address:
 9995 GATE PARKWAY NORTH SUITE 250
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JON C. MAZZOLI P 10/11/2008