


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>96000034019</u>					
1. Corporation Name FLORIDA INCOME NOTES, INC.					
2. Principal Office Address 8000 S. U.S. HIGHWAY ONE Suite, Apt. #, etc. SUITE 300-A City & State PORT ST. LUCIE, FL Zip 34952			3. Mailing Office Address Suite, Apt. #, etc. City & State Country U.S.		
4. Date Incorporated or Qualified To Do Business in Florida			5. FEI Number 65-0661556		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			Applied For Not Applicable		
7. Name and Address of Current Registered Agent Name RICHARD SALTER Street Address (P.O. Box Number is Not Acceptable) 8000 S. U.S. HIGHWAY ONE Suite, Apt. #, Etc. SUITE 300-A City PORT ST. LUCIE, FL State FL Zip Code 34952					
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 <u>Richard Salter</u> Date <u>9/1/2005</u> REGISTERED AGENT MUST SIGN					
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		
PRES	RICHARD SALTER	8000 S. U.S. HIGHWAY ONE	PORT ST. LUCIE, FL 34952		
SEC	RICHARD SALTER	8000 S. U.S. HIGHWAY ONE	PORT ST. LUCIE, FL 34952		
TREAS	RICHARD SALTER	8000 S. U.S. HIGHWAY ONE	PORT ST. LUCIE, FL 34952		
DIR	RICHARD SALTER	8000 S. U.S. HIGHWAY ONE	PORT ST. LUCIE, FL 34952		
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)(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>Richard Salter</u>		9/1/2005		561-822-9955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-05

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