

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 7 PM 2:57

DOCUMENT # P99000015044

1. Corporation Name

NYFB PARTNERS, INC.

2. Principal Office Address  
516 Franklin Street

Suite, Apt. #, etc.

City & State  
Tampa, Florida

Zip Country  
33602 USA

3. Mailing Office Address  
601 N. Ashley Drive

Suite, Apt. #, etc.  
Suite 1200

City & State  
Tampa, Florida

Zip Country  
33602 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida 2/16/99

5. FEI Number  
59-3566854

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  
Greg Hughes

Street Address (P.O. Box Number is Not Acceptable)  
601 N. Ashley Drive

Suite, Apt. #, Etc.  
Suite 1200

City  
Tampa

State Zip Code  
FL 33602

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

*Greg Hughes*

REGISTERED AGENT MUST SIGN

Date 4/30/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P/D/S  | Gregory L. Hughes                    | 601 N. Ashley Drive, Suite 1200                   | Tampa, Florida 33602 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

*Greg Hughes*

Greg Hughes

4/30/04

813-225-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)