


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000108560

1. Corporation Name
FIRST CARDINAL GROUP, INC.

2. Principal Office Address
10300 SUNSET DRIVE

3. Mailing Office Address
1007 FEDERAL HWY

Suite, Apt. #, etc.
SUITE 380

Suite, Apt. #, etc.
BOX C

City & State
MIAMI, FL

City & State
FT. LAUDERDALE

Zip
33173

Country

Zip
33304

Country

2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida 12-16-99

5. FEI Number 650979422 **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
LARRY SISSON

Street Address (P.O. Box Number is Not Acceptable)
218 SOUTHERN COUNTRY LANE

Suite, Apt. #, Etc.

City
QUINCY

200004685012 -- 7
11/18/01 01045-004
****150.00 ****150.00
NOV 06 2001
C. Coulter State FL Zip Code 32351

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 Larry Sisson Date 11/6/01
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
D,P,S,T	STEPHEN DON TRAVALE	10300 SUNSET DRIVE, SUITE 380	MIAMI, FL 33173
VP	IAN BJORSVIK	10300 SUNSET DRIVE, SUITE 380	MIAMI, FL 33173
VP	AARON BAKER	10300 SUNSET DRIVE, SUITE 380	MIAMI, FL 33173
VP	BRETT COTTON	10300 SUNSET DRIVE, SUITE 380	MIAMI, FL 33173
VP	JASON MILLER	10300 SUNSET DRIVE, SUITE 380	MIAMI, FL 33173

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)(f), 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: Stephen Don Travale Date 3D-10-01 Daytime Phone # 954-856-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/00)