

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

P93000040593

FILED

98 JUL -9 PM 1:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

First Banking Services, Inc.

Principal Place of Business

Mailing Address

29 Eglin Pkwy.
 Ft. Walton Beach
 FL, 32549

P.O. Box 1327
 Ft. Walton Beach
 FL, 32549

100002593151--9

~~07/20/98~~ 01013-009

~~***1155.00~~ ***1058.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/93

Suite, Apt. #, etc.

REINSTATEMENT *76-98*

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3184773

Not Applicable

City & State

City & State

WFL 7-1-98

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	J. Larry Beasley, Sr.	29 Eglin Pkwy.	Ft. Walton Beach, FL 32549
D	John J. Tringas	29 Eglin Pkwy.	Ft. Walton Beach, FL 32549
D	Greg Faison	218 E. Broad Street	Eufaula, AL 36027
D	Jimmy Tucker	29 Eglin Pkwy.	Ft. Walton Beach, FL 32549
EVP	Tracy Lithgow	29 N. Eglin Pkwy.	Ft. Walton Beach, FL 32549
V	Justin Matthews	29 N. Eglin Pkwy.	Ft. Walton Beach, FL 32549

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. Larry Beasley, Sr.
 29 Eglin Pkwy.
 Ft. Walton Beach, FL 32549

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
 REGISTERED AGENT MUST SIGN

Date *7/7/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/98
 Date

(850)243-7111
 Daytime Phone #

CPRE040 (1/98)