

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 14 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029125
1. Corporation Name
PACIFIC CAPITAL CORPORATION

2. Principal Office Address <u>KIMBALL R. BOBBITT, RECEIVER</u> <u>1605 MAIN ST. SUITE 1010</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>1010</u>		Suite, Apt. #, etc.	
City & State <u>SARASOTA, FL 34136</u>		City & State	
Zip <u>34136</u>	Country <u>US</u>	Zip	Country

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified To Do Business in Florida <u>W/K</u>		Applied For
5. FEI Number <u>65-0671850</u>		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name <u>KIMBALL R. BOBBITT, RECEIVER</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>SAME AS ABOVE</u>		
Suite, Apt. #, Etc. <u>1605 MAIN ST. SUITE 1010</u>		
City		State / Zip Code <u>FL 34136</u>

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: Kimball R. Bobbitt, Receiver Date: 11/12/02

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
<u>R</u>	<u>KIMBALL R. BOBBITT</u> <u>RECEIVER</u>	<u>1605 MAIN ST 1010</u> <u>SARASOTA, FL 34136</u>	

10. I certify that I am an officer or director of 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: Kimball R. Bobbitt, Receiver Date: 11/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS25081 (3/01)