
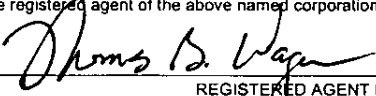
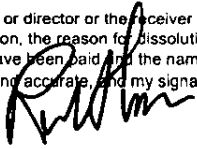


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000000081			
1. Corporation Name First Community Financial Services, Inc.			
2. Principal Office Address 505 Haines Avenue		3. Mailing Office Address 505 Haines Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Waycross, Georgia		City & State Waycross, Georgia	
Zip 31501	Country USA	Zip 31501	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida January 5, 1994	
		5. FEI Number 582060490	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Thomas B. Wagers, VP Finance			
Street Address (P.O. Box Number is Not Acceptable) 10151 Deerwood Park Blvd., Building 100, Suite 501			
Suite, Apt. #, Etc. Atlantic Coast Federal Corporation			
City Jacksonville		State FL	Zip Code 32256
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 		Date 11/30/06	
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
P	Robert J. Larison, Jr.	505 Haines Avenue	Waycross, GA 31501
S	Carol Bell	505 Haines Avenue	Waycross, GA 31501
CD	Dennis Woods	505 Haines Avenue	Waycross, GA 31501
D	Eddy Martin	505 Haines Avenue	Waycross, GA 31501
D	Grady Carter	505 Haines Avenue	Waycross, GA 31501
D	Cecil Kerby	505 Haines Avenue	Waycross, GA 31501
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 contained in Chapter 119, 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:  Robert J. Larison, Jr.		Date 12/01/06	Daytime Phone # (904) 998-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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Continuation of Officers and Directors:

<u>Titles:</u>	<u>Name:</u>	<u>Street Address:</u>	<u>City/State/Zip:</u>
D	Eric Palmer	505 Haines Avenue	Waycross, GA 31501
D	Joe Austin	505 Haines Avenue	Waycross, GA 31501