PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 18 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90904

1. Corporation Name

FIRST STREET INVESTORS, INC.

Principal Place of Business	Mailing Address
~~1897 HOPKINS CREEK LANE~~	~~1897 HOPKINS CREEK LANE~~
~~NEPTUNE BEACH FL 32266-8830~~	~~NEPTUNE BEACH FL 32266-8830~~

900002010839--6
-11/21/96--01026--011
*****175.00 *****175.00

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
807 N. FIRST STREET	807 N. FIRST STREET
Suite, Apt. #, etc. JACKSONVILLE BEACH	Suite, Apt. #, etc. JACKSONVILLE BEACH
City & State FL	City & State FL
Zip 32250 Country	Zip 32250 Country

4. Date Incorporated or Qualified To Do Business in Florida 05/24/1989

5. FEI Number 59-2940690 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MARVIN, MALCOLM F.	~~1897 HOPKINS CREEK LANE~~ 807 N. FIRST STREET	~~NEPTUNE BEACH FL 32250~~ JACKSONVILLE BEACH, FL
D	MARVIN, KATHRYN B.	~~1897 HOPKINS CREEK LANE~~ 807 N. FIRST STREET	~~NEPTUNE BEACH FL 32250~~ JACKSONVILLE BEACH FL

900002010839--6
-11/21/96--01026--010
*****200.00 *****200.00

REINSTATEMENT 1996
A. Allen
11-18-96

8. Name and Address of Current Registered Agent

MARVIN, MALCOLM F.
~~1897 HOPKINS CREEK LANE~~
~~NEPTUNE BEACH FL 32266~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 807 N. FIRST STREET

Suite, Apt. #, Etc.

City JACKSONVILLE BEACH | State FL | Zip Code 32250

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 New Registered Agent SIGNATURE REQUIRED Date 10-28-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: SIGNATURE REQUIRED MALCOLM F. MARVIN 10-28-96 904-646-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)