PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 DEC 29 AM 10: 25 DOCUMENT # M80167 1. Corporation Name SECRETARY OF STATÉ. TALLAHASSEE, FLORIDA PRIME COAST, INC. Principal Place of Business Mailing Address same P.O. Box 158 Jacksonville Beach, Florida 32004 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 05/10/88 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2888112 Not Applicable \$8.75 Additional Fee required Country Zip CERTIFICATE OF STATUS DESIRED Zip Country for a Certificate of Status Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip and/or Directors Title(s) Jacksonville, Florida DP Roiz, Jim R. 1074 Blue Heron Lane West 32250 Jacksonville, Florida 32250 V Roiz, Kevin A. 1074 Blue Heron Lane West Jacksonville, Florida 32250 ST Roiz, Jeffrey T. 1074 Blue Heron Lane West 00003096851--01/13/00---01003---008 ****150.00 ****150<u>.</u>.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Fred L. Ahern, Jr. 2215 South Third Street, Suite 101 Street Address (P.O. Box Number is Not Acceptable) Jacksonville, Florida Suite, Apt. #, Etc. City State 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 Date REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other Yes L Intangible Personal Property tax due June 30. 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 filling 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. 12/23/99 (904) 249-3443

Pate Daytime Phone # Jim R. Roiz SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA) COUNTY OF DUVAL)	
2. That the September 24,	he Corporation was administratively dissolved by the Florida Department of State on 1999.
	ne Corporation failed to file its 1999 Annual Report or pay the 1999 Annual Report filing fee e prescribed by Florida Statutes Chapter 607 because:
3.1	the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
3.2	the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
by the Corpora	orporation requests the Florida Department of State reinstate the Corporation upon the payment ation of its 1999 Annual Report fees and the filing of its 1999 Annual Report, which are altaneously with this Affidavit.
5. PRIMI	E COAST, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No fur	ther ground or grounds exist for the administrative dissolution of the Corporation.
Dated: 2340 da	ay of December, 1999
FURT	HER, AFFIANT SAYETH NOT
	PRIME COAST, INC.
	By: \(\frac{1}{\lim R. \text{ Roiz}\text{President}}\)
	before me this 2 day of Location 1999. Notary Public, State of Florida at Large Printed Name: Commission Expires:
	DALE TOPOLSKI MY COMMISSION # CC 798001 EXPIRES: December 23, 2002 Bonded Thru Notary Public Underwriters