

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100468

1. Corporation Name

PRIMCO, INC.

Principal Place of Business

~~#1 FIRST STREET~~
ST AUGUSTINE BEACH FL 32080

Mailing Address

~~#1 FIRST STREET~~
ST AUGUSTINE BEACH FL 32080

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
30 OCEAN PINES DR.
City & State
St. Augustine, FL
Zip
32080 Country
St. Johns

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
30 OCEAN PINES DR.
City & State
St. Augustine, FL
Zip
32080 Country
St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2000

5. FEI Number

59-3678165

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTSD	GARCIA, MANUEL E	#1 FIRST STREET 30 OCEAN PINES DR.	ST AUGUSTINE BEACH FL 32080

500008581475
10/25/02--01008--008 **150.00

10/25/02

CR2ED40 (8/02)

8. Name and Address of Current Registered Agent

GARCIA, MANUEL E
~~#1 FIRST STREET~~
ST AUGUSTINE BEACH FL 32080

9. Name and Address of New Registered Agent

Name
GARCIA, MANUEL E.
Street Address (P.O. Box Number is Not Acceptable)
30 OCEAN PINES DRIVE.
Suite, Apt. #, Etc.
City
St. Augustine
State
FL
Zip Code
32080

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-21-02

11. 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
MANUEL E. GARCIA

10-21-02 (904) 501-2002

Date

Daytime Phone #



PRIMCO, INC

30 Ocean Pines Drive • St. Augustine, FL 32080 • 904-501-0002

October 21, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: PRIMCO INC. – 2002 Corporation Annual Uniform Business Report

Dear Sir or Madam:

We just received a Notice of Administrative Dissolution or Revocation for failure to file our 2002 corporation annual report/uniform business report form as required by law. This is the first notice that PRIMCO has received. We do have a new mailing address for the corporation, however, this change was only recently made and should not have affected the receipt of previously mailed forms. We do not understand why past notices were not received, however, please accept our apology and our good faith intentions to abide by all rules and regulations required by law.

I am enclosing the Application for Reinstatement with the required fees. Please note the change of address and telephone number. Should you have further questions, please call me.

Thank you for your understanding in this matter.

Sincerely,

Manuel E. Garcia
President