

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000100468**

1. Corporation Name

PRIMCO, INC.

Principal Place of Business

Mailing Address

30 OCEAN PINES DR
ST AUGUSTINE FL 32080

30 OCEAN PINES DR
ST AUGUSTINE 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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

94 Dolphin Dr.

Suite, Apt. #, etc.

94 Dolphin Dr.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	GARCIA, MANUEL E	30 OCEAN PINES DR 94 Dolphin Dr.	ST AUGUSTINE FL 32080
			300023962703 10/21/03--01031--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, MANUEL E
30 OCEAN PINES DR
ST AUGUSTINE FL 32080

Name

Garcia, Manuel E.

Street Address (P.O. Box Number is Not Acceptable)

94 Dolphin Dr.

Suite, Apt. #, Etc.

St.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

02/15-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

02/15-03

Daytime Phone #

904.829.6343

CR2E040 (7/03)

PRIMCO, INC.
94 Dolphin Dr.
St. Augustine, FL 32080

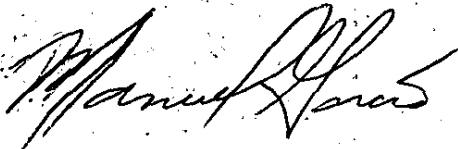
October 15, 2003

Florida Department of State/Division of Corporations:

My corporation has not received any notice prior to this one that the annual report/uniform business report was due. I received the current paperwork on October 13, 2003. After speaking with one of your representatives, I am enclosing the corrected form and the UBR fee of \$150.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Manuel Garcia", written in a cursive style.

Manuel Garcia
President/Registered Agent