

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JUL -3 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017611

1. Entity Name
FIRST COAST DESIGNER'S CHOICE, INC.



Principal Place of Business

4811 COLLINS RD
ORANGE PARK, FL 32073

4811 Collins Rd.

Mailing Address

4811 COLLINS RD
ORANGE PARK, FL 32073

4811 Collins Rd

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

ORANGE PARK FL

Suite, Apt. #, etc.

OR.

(())

City & State

City & State

FL

(())

Zip

32073

Country

Duval

Zip

32073

Country

Duval

05032006 : REIN-P -- CR2E098 (11/05) 05-06

4. FEI Number

59-3699039

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, TINA

1927 PARK AVE

ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name Tina Hines

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

4811 Collins Rd

City ORANGE PARK

FL

32073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tina Hines

Tina Hines

5-10-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Could I make payments if this is not Regt? I have no idea

10. OFFICERS AND DIRECTORS

TITLE O R. Hines, Tina
NAME RTHNES, TINA
STREET ADDRESS 1927 PARK AVE
CITY-ST-ZIP ORANGE PARK, FL 32073 ☐ Delete

TITLE O
NAME LAMBERTA, VICKI
STREET ADDRESS 1927 PARK AVE
CITY-ST-ZIP ORANGE PARK, FL 32073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-06

904 2690006