

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000030985**

1. Corporation Name  
**FIRST COAST CAR RENTALS CENTER, INC.**

Principal Place of Business Mailing Address  
~~40530 ATLANTIC BLVD.~~ ~~40530 ATLANTIC BLVD.~~  
~~JACKSONVILLE FL 32225~~ ~~JACKSONVILLE FL 32225~~



**REINSTATEMENT** 07

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		4. Date Incorporated or Qualified To Do Business in Florida <b>03/20/2001</b>	
Suite, Apt. #, etc. <b>8767 HARPERS GLENN CT</b>		Suite, Apt. #, etc. <b>8767 HARPERS GLENN CT</b>		5. FEI Number <b>59-3706773</b>	
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE, FL</b>		Applied For Not Applicable	
Zip <b>32256</b>	Country	Zip <b>32256</b>	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	HANDOUSH, JIM M	8767 HARPERS GLEN CT.	JACKSONVILLE FL 32256
D	ADIEH, RAY	8767 HARPERS GLEN CT.	JACKSONVILLE FL 32256

6000008901076  
11/12/02--01017--003 \*\*750.00

8. Name and Address of Current Registered Agent

~~WEATHERFORD, WILLIAM P JR.  
1031 W. MORSE BLVD., SUITE 105  
WINTER PARK FL 32789~~

9. Name and Address of New Registered Agent

Name **JIM HANDOUSH**  
Street Address (P.O. Box Number is Not Acceptable)  
**8767 HARPERS GLENN CT**  
Suite, Apt. #, Etc.  
City **JACKSONVILLE** State **FL** Zip Code **32256**

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11/5/02**

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/8/02**

CR2E040 (8/02)