PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** SECRETARY OF STATE DIVISION OF CORPORATIONS Glenda E. Hooci **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 04 MAY -7 AM 8: 00 P02000013573 DOCUMENT # 1. Corperation Name REINSTATEMENT 03-04 FIRST COAST 1ST RESOURCES,INC. Principal Place of Business Mailing Address 4951 KINGSMEADOW LANE 4951 KINGSMEADOW LANE JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 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 Date Incorporated or Qualified To Do Business in Florida 02/06/2002 Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number Applied For 418873 City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. 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 City / State / Zip and/or Directors Officer and/or Director PAGE, SANDRA A 4951 KINGSMEADOW LANE JACKSONVILLE FL 32217 503332 SOMMIT CHASE DE VALDOSTA, GA 34605 - 800032892308 05/07/04--01018--010 - \*\*158.75 800032892308 <del>04/16/104~~01004</del>==0<del>03</del> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PAGE, SANDRA A Street Address (P.O. Box Number is Not Acceptable) 4951 KINGSMEADOW LANE Suite, Apt. #, Etc. JACKSONVILLE FL 32217 City State Zip Code 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 REGISTERED AGENT

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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR pandra

City & State

Title(s)

Zip

Florida Dept. Of State Glenda E. Hood Secretary of State

Division Of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

First Coast 1st Resources, Inc. 4951 Kingsmeadow Lane Jacksonville, Fl. 32217-9510

To Whom This May concern:

2003

Have not received prior UBR. Thus did not file in correct time frame. Please excuse this error of not updating. I shall attempt with great care to see that this does not happen again.

Thank you kindly,

Sandra A. Page President/CEO