

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2003

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CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000029325</u> 1. Corporation Name <u>First Coast Funding of Palm Coast, Inc.</u>	
2. Principal Office Address <u>25 Florida Park Dr</u> Suite, Apt. #, etc. <u>Ste. E</u> City & State <u>Palm Coast, FL</u> Zip <u>32137</u> Country <u>USA</u>	3. Mailing Office Address <u>25 Florida Park Dr.</u> Suite, Apt. #, etc. <u>Ste E</u> City & State <u>Palm Coast, FL</u> Zip <u>32137</u> Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>75-3062280</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Jerome D. Mitchell, Esq.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>400 South Palmetto Avenue</u>	
Suite, Apt. #, Etc.	
City <u>Daytona Beach</u>	State <u>FL</u> Zip Code <u>32114</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent <u>[Signature]</u>	Date <u>10/14/03</u>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PUST</u>	<u>Brian Salle</u>	<u>25 Florida Park Dr Ste E</u>	<u>Palm Coast FL 32137</u>
<u>D</u>	<u>Brian Salle</u>	<u>"</u>	<u>"</u>

10. 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>10/14/03</u> Daytime Phone # <u>386-9862850</u>

CR2501 (10/02)



First Coast Funding Of Palm Coast, Inc.
25 Florida Park Drive, Suite E
Palm Coast, Florida 32137

October 14, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To whom it may concern:

I am filing to reinstate the corporation of First Coast Funding of Palm Coast, Inc. I did not receive the 2003 annual report to file. By calling (850) 245-6059 and talking to Tina in the corporation reinstatement department, I was instructed to download the application for reinstatement, complete it, include \$150.00 and mail both to the address above. Both are included in this envelope. Please notify me of the reinstatement.

Sincerely,

Brian T. Salle
President