

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # **P02000073742**

1. Corporation Name

**FIRST COAST FOREST PRODUCTS, INC.**

**REINSTATEMENT** 03

Principal Place of Business

Mailing Address

**564 CLERMONT AVE. (S)  
ORANGE PARK FL 32073**

**564 CLERMONT AVE. (S)  
ORANGE PARK FL 32073**



700023789107

10/14/03--01029--024 \*\*150.00

*MRS*

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

**07/01/2002**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**02-0629469**

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WOFFORD, JEFFREY C	564 CLERMONT AVE (S)	ORANGE PARK FL 32073
V	WOFFORD, JEROD L	564 CLERMONT AVE (S)	ORANGE PARK FL 32073
V	WOFFORD, JUSTIN D	564 CLERMONT AVE (S)	ORANGE PARK FL 32073
S	WOFFORD, JASON C	564 CLERMONT AVE (S)	ORANGE PARK FL 32073

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WOFFORD, JEFFREY C  
564 CLERMONT AVE. (S)  
JACKSONVILLE FL 32073**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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 MUST SIGN

Date

**10/9/03**

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

Date

Daytime Phone #

CR2E040 (7/03)

First Coast Forest Products, Inc.  
564 Clermont Ave. (S)  
Orange Park, Fl 32073  
(904) 662-2661

10/09/03

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

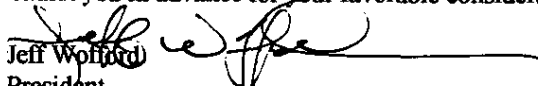
Sir:

I have received on 10/09/03 your notice of Administrative Dissolution of First Coast Forest Products due to failure of timely filing of Annual Uniform Business Report for 2003.

I request waiver of Reinstatement Fee's due to my not receiving a timely notice prior to your administrative action.

If you require additional information regarding this request, please contact me at the above address.

Thank you in advance for your favorable consideration to this request.

  
Jeff Wolford  
President

First Coast Forest Products, Inc.

Encl: First Coast Forest Product check # 1273, dated 10/09/03 iao \$150.00