

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000121362

1. Entity Name
1ST COAST FINANCIAL SERVICES INC.



Principal Place of Business
4237 SALISBURY ROAD
SUITE 307 BLDG 3
JACKSONVILLE, FL 32216

Mailing Address
4237 SALISBURY ROAD
SUITE 307 BLDG 3
JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #
8282 Western Way Cir.
Suite, Apt. #, etc.
Suite 1110

3. Mailing Address
8282 Western Way Cir.
Suite, Apt. #, etc.
Suite 1110

City & State
Jacksonville FL
Zip
32256
Country
DUAL

City & State
Jacksonville FL
Zip
32256
Country
DUAL

FILED
08 OCT 15 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302008 REIN-P CR2E098 (1/07)

4. FEI Number
20-1540530
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLACE, GARY
3900 OLDFIELD CROSSING DR
APT 1214
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
TERLIZZI, VINCENT
STREET ADDRESS
4237 SALISBURY ROAD BLDG 3 SUITE 307
CITY- ST- ZIP
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
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CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
8282 Western Way Circle Suite 1110
STREET ADDRESS
Jacksonville, FL 32256 ☒ Change ☐ Addition

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

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

REINSTATEMENT 2008 KS

300136932693
10/15/08--01006--007 **150.00

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 #

9-30-08