

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000137850

1. Entity Name  
FIRST COAST HAULING, INC.



FILED

09 JAN -7 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5832 CARVER PINE CT  
JACKSONVILLE, FL 32219

Mailing Address  
5832 CARVER PINE CT  
JACKSONVILLE, FL 32219

2. Principal Place of Business - No P.O. Box #  
5832 CARVER PINE CT

3. Mailing Address  
SAME

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL.

Zip  
32219

Country  
DUVAL

01022009 REIN-P CR2E098 (1/07)

4. FEI Number  
73-1718968

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, JAMES A  
5832 CARVER PINE CT  
JACKSONVILLE, FL 32219

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 James A. Daniels - PRESIDENT 1/2/09

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, 2010, 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	P	<input type="checkbox"/> Delete
NAME	DANIELS, JAMES A	
STREET ADDRESS	5832 CARVER PINE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600139875366	
STREET ADDRESS	01/07/09--01027--013 **308.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

James A. Daniels

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: James A. Daniels JAMES A. DANIELS 1/2/09 (904) 838-1198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #