

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT 12 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **793000021893**

1. Corporation Name

FIRST COAST CONTRACTORS INC.

2. Principal Office Address

800 LOMAX ST

Suite, Apt. #, etc.

STE 118

City & State

JACKSONVILLE, FL

Zip

Country

DUVAL

3. Mailing Office Address

800 LOMAX ST

Suite, Apt. #, etc.

STE 118

City & State

JACKSONVILLE, FL

Zip

Country

32204 DUVAL

REINSTATEMENT

03-01

4. Date Incorporated or Qualified To Do Business in Florida

03/24/93

5. FEI Number

59-6367972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CALVIN H. HUDSON

300004650438--5

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

800 LOMAX ST

-10/23/01--01056--022

*****\$900.00 ***\$900.00**

Suite, Apt. #, Etc.

STE 118

City

JACKSONVILLE

State

FL

Zip Code

32204

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

[Signature]

Date

10/11/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	PARKER HUDSON	800 LOMAX ST STE 118	JACKSONVILLE FL 32204

LS

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)(f), 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]

PARKER HUDSON

10/11/01

904 356-5919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR26381 (8/02)