

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		3. Mailing Office Address 800 LOMAX ST	
Suite, Apt. #, etc. STE 118		Suite, Apt. #, etc. STE 118	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32204	Country DUAL	Zip 32204	Country DUAL

REINSTATEMENT DB-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 <input type="checkbox"/> \$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

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 Date: 10/11/01 Daytime Phone #: 904 356-5919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR26381 (8/02)