

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

32204

Country

DUVAL

3. Mailing Office Address

800 LOMAX ST

Suite, Apt. #, etc.

STE 118

City & State

JACKSONVILLE, FL

Zip

32204

Country

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

Calvin Hudson

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 |
| | | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARKER HUDSON

10/11/01

904 356-5919

Date

Daytime Phone #

CR26381 (8/02)