

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State  
Division of Corporations

FILED

01 MAR 26 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000057718

1. Corporation Name FLORIDA FIRST COAST, INC.

2. Principal Office Address

185 Cypress Point Pkwy.

3. Mailing Office Address

185 Cypress Point Pkwy.

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32164

Country

USA

Zip

32164

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1994

5. FEI Number

59-2690996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT NIEMINEN

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

18 FANWOOD COURT

Suite, Apt. #, Etc.

City

PALM- COAST

State

FL

Zip Code

32137

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

SCOTT NIEMINEN REGISTERED AGENT MUST SIGN

Date

2/14/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
UP/T	SCOTT NIEMINEN	18 FANWOOD CT	PALM COAST, FL 32137
P/S	PAUL NIEMINEN	503 NORTH ORANGE ST.	BUNNELL, FL 32110
Director	MARK VOST	103 BRUSHWOOD LN.	PALM COAST, FL 32137
Director	JOHN BIRK	41 HUNTMASTER CT	ORMOND BEACH, FL 32174
			LS
			600003932266-8
			-03/30/01--01099--018
			*****8.75 *****8.75

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)(i), 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:

Paul Niemenen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL NIEMINEN

Date

2/14/01

Daytime Phone #

(904) 447-3001

CR2E081 (9/00)



of Palm Coast

PAUL K. NIEMINEN, GRI & GLORIA M. NIEMINEN - REALTORS®  
Founder  
185 Cypress Point Parkway, Suite 4  
Palm Coast, FL 32164  
Bus: (904) 447-3004  
Fax: (904) 447-3002  
Private Line: (904) 439-1555



*"Our commitment is to integrity and uncompromising professional service."*

Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Manager,

Enclosed you will find form 203 reinstatement regarding our corporation named Florida First Coast.

We moved our corporate office to 185 Cypress Point Parkway suite #4 from 96 Flagler Plaza Drive. Under these circumstances, although we should have been more diligent, I'm requesting that you accept a \$300.00 late fee plus other costs.

This learning experience focuses our attention on any future important documents and their due date.

Again I respectfully request that you accept the monies included as our reinstatement fee.

Respectfully yours,

Paul K. Nieminen, GRI  
Realtor

FORWARDING OF
MAIL STOPPED AND
WE DID NOT REALIZE IT
Paul Nieminen