

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Division of Corporations  
 Harris  
 Secretary of State

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 [Signature] Date 2/14/01  
 SCOTT NIEMINEN REGISTERED AGENT MUST SIGN

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
			<u>LS</u>

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 Nieminen PAUL NIEMINEN 2/14/01 (904)447-3001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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) 447-3001
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,

Handwritten signature of Paul K. Nieminen

Paul K. Nieminen, GRI
Realtor

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