

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057718**

1. Corporation Name

FLORIDA FIRST COAST, INC.

Principal Place of Business

185 CYPRESS POINTE PKWY
#4
PALM COAST FL 32164
US

Mailing Address

185 CYPRESS POINTE PKWY
#4
PALM COAST FL 32164
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2690996

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
UPT	NEIMINEN, SCOTT	18 FANWOOD COURT	PALM COAST FL 32137
PS	NEIMINEN, PAUL	503 NORTH ORANGE STREET	BUNNELL FL 32110
D	VOST, MARK	103 BRUSHWOOD LANE	PALM COAST FL 32137
D	BIRK, JOHN	41 HUNTMASTER COURT	ORMOND BEACH FL 32174

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIEMINEN, SCOTT
18 FANWOOD COURT
PALM COAST FL 32137

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/12/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02
Date

386 447 3001
Daytime Phone #

CR2E040 (8/02)

Florida First Coast, Inc.
185 Cypress Point Parkway
Suite # 4
Palm Coast FL 32164

November 12, 2002

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Waiver Approval #P94000057718

To Whom It may Concern

Enclose please find the check in the amount of \$150 for our annual filing fee for the above corporation.

Per our conversation, we are asking to have the penalty waived, due to the fact the original reports had not been received for the above reference business. Construction and renovations were occurring at the time and many items in the mail have not been received.

Thank you,



Scott K. Nieminen
Florida First Coast, Inc.
Vice President