

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012246

1. Corporation Name
FIRST COAST ASSET MANAGEMENT Co. Inc
24 N. Market St. • Suite 405
Jacksonville, Florida 32202

APPROVED AND FILED

98 FEB 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

FIRST COAST ASSET MANAGEMENT
24 N. Market St. • Suite 405
Jacksonville, Florida 32202

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
Suite, Apt. #, etc. FIRST COAST ASSET MANAGEMENT	Suite, Apt. #, etc. FIRST COAST ASSET MANAGEMENT	<u>2/5/96</u>
City & State 24 N. Market St. • Suite 405 Jacksonville, Florida 32202	City & State 24 N. Market St. • Suite 405 Jacksonville, Florida 32202	FBI Number <u>543364211</u>
Zip <u>USA</u>	Zip <u>USA</u>	CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Pamela J Wetherhold	316 Oceanwalk DR N.	Atlantic Beach FL 32233
VP	GARY R Wetherhold	316 Oceanwalk DR N.	Atlantic Beach FL 32233

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A. Alan
2/26/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Leslie Lashley 2361 OAK CE ORANGE PARK FL 32073	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
	<u>888002445170--0</u> <u>03/03/98</u> <u>01931-011</u> <u>****908, FL ****308.75</u>

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.

Signature of Registered Agent Leslie Lashley Date 2/25/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Pamela J Wetherhold Date 2/25/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2040 (1/98)