

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 10 AM 9:35



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary  
DIVISION OF CORPORATIONS

DOCUMENT # *A97000056973*

1. Corporation Name

*FIRST COAST FINANCIAL INC.*

2. Principal Office Address

*1531 N. FEDERAL HWY*

Suite, Apt. #, etc.

City & State

*LAKE WORTH, FL*

Zip

*33460*

Country

*USA*

3. Mailing Office Address

*1531 N. FEDERAL HWY*

Suite, Apt. #, etc.

City & State

*LAKE WORTH, FL*

Zip

*33460*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*6/27/97*

5. FEI Number

☒ 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

*JOHN W. HORAN*

*500004548265-5*

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

*1531 N. FEDERAL HWY.*

*08/22/01-01025-010*  
*\*\*\*\*300.00 \*\*\*\*300.00*

Suite, Apt. #, Etc.

City

*LAKE WORTH*

State  
*FL*

Zip Code

*33460*

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

*John W. Horan*  
REGISTERED AGENT MUST SIGN

Date

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
<i>P</i>	<i>JOHN W. HORAN</i>	<i>1531 N. FEDERAL HWY</i>	<i>LAKE WORTH, FL 33460</i>
			<i>SP</i>

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:

*John W. Horan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

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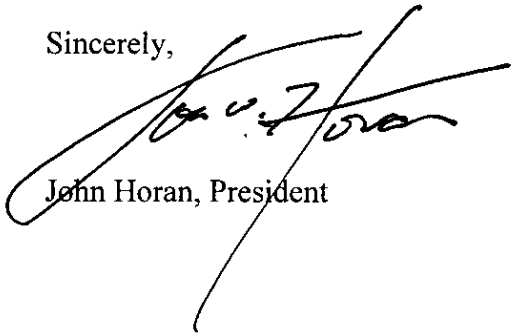
August 6, 2001

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

To Whom It May Concern:

I spoke with Michelle Milligan from the reinstatement department and I explained that we never received the 2000 or 2001 notice to renew our corporation "First Coast Financial Inc". Because we never received the notice Michelle explained that we would have to fill out the reinstatement application and send it along with a check in the amount of \$300.00 and then the corporation will be reinstated. Thank you for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John Horan", written over a horizontal line.

John Horan, President