

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000083522 1. Entity Name FIRST COAST INDUSTRIES, INC.					
Principal Place of Business 2758 DAWN RD JACKSONVILLE, FL 32207			Mailing Address 2758 DAWN RD JACKSONVILLE, FL 32207		
2. Principal Place of Business 6602 Executive Pk.Ct.		3. Mailing Address 6602 Executive Pk. CT.			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32216	Country USA	Zip 32216	Country USA	4. FEI Number 59-3536242	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARTLETT & HECKIN, P.A. 50 NORTH A1A SUITE 103 PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, MATTHEW L 345 QUAIL POINT I PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, MATTHEW J 345 QUAIL POINT I PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Matthew J. Good		
Date			3/22/05		
Daytime Phone #			904-296-6220		

FILED
 05 MAR 24 AM 9:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
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