PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT 04 305 17 AM 10: 13 DIVISION OF CORPORATIONS DOCUMENT # SEICHETARY OF STATE AHASSEE, FLORIDA 1. Corporation Name The First Putnam County Corporation, Inc. Principal Place of Business Mailing Address 93 D Orange Street 93 D Orange Street St. Augustine, Fl 32084 St. Aug., F1 32084 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Address, If Applicable 2. New Principal Office Address, If Applicable 03/17/1992 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number _ . Applied For 59-3182898 Not Applicable City & State City & State \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED Country Country 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) Street Address of Each Name of Officers City / State / Zip Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) and/or Directors Pierre D. Thompson 93 A Orange Street St. Augustine, F1 32084 ST P 61 Dolphin Drive St. Augustine, F1 32080 Arthur H. Runk, Sr. -07/26/01--01007--031 ****308.75 ****308.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Arthur H. Runk, Sr. 61 Dolphin Drive Suite, Apt. #, Etc. St. Augustine, Florida 32080 Zip Code City State 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. -6-2001 Signature of Registered Agent _ 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes [x] on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access; 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, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Arthur H. Runk, Sr. 7-6-01

SIGNATURE