


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 696027 1. Entity Name AMELIA REALTY, INC.						FILED 06 OCT 23 PM 12: 10 DEPT. OF STATE TALLAHASSEE, FLORIDA <i>09/25/06 01039 014 \$758.75</i>	
Principal Place of Business PO BOX 3000 AMELIA ISLAND PLANTATION FERNANDINA BCH, FL 32035-3000 US		Mailing Address PO BOX 3000 AMELIA ISLAND PLANTATION FERNANDINA BCH, FL 32035-3000 US					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 58-1473630		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COMMANDER, CHARLES E, III 200 LAURA STREET JACKSONVILLE, FL 32202				Name F+L CORP.			
				Street Address (P.O. Box Number is Not Acceptable) One Independent Drive, Suite 1300			
				City Jacksonville		FL Zip Code 32202	
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 <u><i>Charles E. III</i></u> AUTHORIZED SIGNATORY							
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete COOPER, RICHARD A 2750 TERMINAL TOWER CLEVELAND, OH			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete PULICE, JOHN 961687 GATEWAY BLVD., STE. 101A AMELIA ISLAND, FL 32034			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Delete BRAY, S. NORMAN AMELIA ISLAND PLANTATION AMELIA ISLAND, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete HEALAN, JACK B JR AMEILA ISLAND PLANTATION AMELIA ISLAND, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>JR 10/23</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete COMMANDER, CHARLES E III 200 LAURA STREET JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>JACK B. HEALAN, JR.</i></u> JACK B. HEALAN, JR. <u><i>9/22/06</i></u> 904-277-5101							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							