PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
1996

FILED
96 DEC 27 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

96 00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P40714

1 Corporation Name

AML ACQUISITION COMPANY

Mailing Address	Principal Place of Business
301 W. Bay Street Suite 2810 Jacksonville, FL 32202	301 W. Bay Street Suite 2810 Jacksonville, FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable		3. New Principal Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: July 21, 1992

5. FEI Number: 59-3157046 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	J. Dix Druce, Jr.	301 W. Bay Street Suite 2810	Jacksonville, FL 32202
VP,S/D	C.L. Cooksey	301 W. Bay Street Suite 2810	Jacksonville, FL 32202
D	Wendy Druce	301 W. Bay Street Suite 2810	Jacksonville, FL 32202
D	Dixie Cooksey	301 W. Bay Street Suite 2810	Jacksonville, FL 32202
T/D	John W. DuBose, III	301 W. Bay Street Suite 2810	Jacksonville, FL 32202
			300002044333--6 -01/03/97--01061--008 *****383.75 *****383.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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: [signature] CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN
Date 12/27/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. 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. 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., 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.

SIGNATURE: [signature] John W. DuBose, III, Treasurer 12/26/96 (904)358-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (6/94)