PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000073921**

1. Corporation Name
AMELIA ISLAND CONVENIENCE, INC.

Principal Place of Business
166 HIGHWAY A1A
PONTE VEDRA BEACH FL 32802

Mailing Address
166 HIGHWAY A1A
PONTE VEDRA BEACH FL 32802

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable
200 EXECUTIVE WAY
Suite, Apt. #, etc.
City & State
PONTE VEDRA FL
Zip 32082 Country

3. New Mailing Office Address, If Applicable
200 EXECUTIVE WAY
Suite, Apt. #, etc.
City & State
PONTE VEDRA FL
Zip 32082 Country

4. Date Incorporated or Qualified To Do Business In Florida 09/05/1996

5. FEI Number 59-3395670 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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
D	PERRONE, KENNETH R	~~166 HIGHWAY A1A~~ 200 EXECUTIVE WAY	PONTE VEDRA BEACH FL 32082
D	PERRONE, RONALD D	~~166 HIGHWAY A1A~~ 200 EXECUTIVE WAY	PONTE VEDRA BEACH FL 32802
D	LEMASTER, JOSIAH P	~~166 HIGHWAY A1A~~ 200 EXECUTIVE WAY	PONTE VEDRA BEACH FL 32802

200002380132--5
-12/23/97--01033--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent
KIRSCHNER, MAIN, GRAHAM, TANNER & DEMONT
SUITE 2000
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent
Name JOSH P. LEMASTER
Street Address (P.O. Box Number is Not Acceptable) 5004 BUTTONWOOD DR
Suite, Apt. #, Etc.
City PONTE VEDRA State FL Zip Code 32082

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 _____ Date 11/11/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 11/11/97 (904)285-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)