

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 PM 5:19

DOCUMENT # P99000024860

1. Corporation Name

AMALFI COAST DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

113 INDIAN BAYOU DRIVE
DESTIN FL 32542

113 INDIAN BAYOU DRIVE
DESTIN FL 32542



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3575699

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, V	WELLBORN, JAMES J	113 INDIAN BAYOU DRIVE 724 Hwy 98 East, Unit 102	DESTIN FL 32542
D, P	KINGSTON, GEORGE R.C.	5 ARDMORE SQUARE	ATLANTA GA 30309

100003500471--1
-12/13/00--01107--002
****750.00 ****750.00

11/12/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERMANN, RICHARD P
25 NE WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

Name P. Colleen Coffield
Street Address (P.O. Box Number is Not Acceptable)
1719 S. Co. Hwy 393
Suite, Apt. #, Etc.

City Santa Rosa Beach State FL Zip Code 32459

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]
REGISTERED AGENT MUST SIGN

Date 11/30/00

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/00
Date

850-585-2258
Daytime Phone #

CR2E040 (8/00)