

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -3 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763413

1. Corporation Name

SEAGATE OF AMELIA CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

316 S. FLETCHER STREET

Suite, Apt. #, etc.

SUITE C

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

US

3. Mailing Office Address

P.O. BOX 61

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/24/82

5. FEI Number

None

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAULA CONE

Street Address (P.O. Box Number is Not Acceptable)

316 S. FLETCHER STREET

Suite, Apt. #, Etc.

SUITE C

City

FERNANDINA BEACH

State

FL

Zip Code

32034

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Paula Cone

Date 12/07/2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	J. P. CONE, JR.	1118 WOODS ROAD	WAYCROSS, GA 31501
D	SCOTT JENSEN	P.O. BOX 61	FERNANDINA BEACH, FL 32034
D	DAVID SHROADS	3918 PALASADES DR.	WEIRTON, WV 26062
D	RUA CARNET	2010 OAK VIEW DRIVE	SEVIERVILLE, TN 37876

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT R JENSEN

Date

12/07/2001

Daytime Phone #

(904) 764-4287

CR2081 (8/00)