

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 JAN -4 PH 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001972

1. Corporation Name

AMELIA ISLAND COMMUNITY SAILING CENTER, INC.

Principal Place of Business

4734 YACHTSMAN DRIVE  
FERNANDINA BEACH FL 32034  
US

Mailing Address

4734 YACHTSMAN DRIVE  
FERNANDINA BEACH FL 32034  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/1996

5. FEI Number

59-3381619

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHELTON, CHARLE H	OLD BLUFF RD.	FERNANDINA BEACH FL
D	MILLER, JAMES	4488 MARSHVIEW DRIVE	FERNANDINA BEACH FL
D	PURVIS, TOMMY C	2840 S. 14TH STREET	FERNANDINA BEACH FL
D	KECK, NEAL	2129 SEA ISLAND COURT	FERNANDIAN BEACH FL
DP	ROGERS, JAMES D	4734 YACHTSMAN DR.	FERNANDIAN BEACH FL

8. Name and Address of Current Registered Agent

ROGERS, JAMES D  
4734 YACHTSMAN DRIVE  
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002735508--2

01/08/99 State of FL Zip Code 008

\*\*\*236 FL \*\*\*236 25

10. I, being appointed the registered agent on the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*James D. Rogers*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 16 Dec 1998

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:

*James D. Rogers*  
**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Dec 1998 904277-0682  
Date Daytime Phone #