

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

3. New Mailing 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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

300003446943--4

-11/01/00--01054--009

***236.25 FL ***236.25

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

James D. Rogers
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

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

Date

10/16/00 904
271-0682

Daytime Phone #

KE

CR2ED40 (8/00)