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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

Mailing Address

FERNANDINA BEACH FL 32034

4734 YACHTSMAN DRIVE FERNANDINA BEACH FL 32034 FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

REINSTATEME	,	1	

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If above a	addresses are i	incorrect in any way. line t	hrough incorrect	information or	nd ontox	crostion below	REIN	STATEM	FMT	' (人 /)
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					pplicable		porated or Qualified	<u> </u>		
							To Do Bus	siness in Florida	04/08/1	OOR
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt.			#, etc.			5 EEI Numbe		ון וטטודט	
City & Stat	te		City & State	9		J. FEI IVUITIDA	5. FEI Number 59-338 1619		Applied For	
							6.	00 000 10 13		Not Applicable
Zip		Country	Zip		Country			TE OF STATUS DESIRED 🔲	\$8.75 Add	ditional Fee required ertificate of Status
7. Names	and Street Add	dresses of Each Officer and	d/or Director, (El	orida nonprofi	it corporatio	one must list at les			TOT & CE	runcate of Status
1		Name of Officers	G. G. B. CO.C. (1.1	Orida Horipion		t Address of Each				
Title(s)	2	and/or Directors		Officer and/or Director					/ / State / Zi	p .
D	SHELTON, (CHARLE H		OLD BLUFF RD.						
								FERNANDINA BEACH FL		
D	MILLER, JAN	WES		4488 MARSHVIEW DRIVE			FERNANDINA BEACH FL			
			THOO MICHORIVETY DRIVE							
D	PURVIS, TO	MMY C		2840 S. 14TH STREET			-	FERNANDINA BEACH FL		
					2010 G. 141/1 GINEE!			I ENNANDINA BEACH FE		
D	D KECK, NEAL			2129 SEA ISLAND COURT				FERNANDIAN BEACH FL		
				1.25 557 155475 556171			TEMPANDIAN BEACHTE			
DP	P ROGERS, JAMES D			4734 YACHTSMAN DR.			FERNANDIAN BEACH FL			
]						
<u> </u>										
	8. Name	and Address of Current	Registered Age	ent			9. Name and	Address of New Register	ed Agent	
	S, JAMES'D] '	Name				
			_			Street Address (P	O. Box Number	is Not Acceptable)		
	4734 YACHTSMAN DRIVE				P 9 - 2 84					
FERNANDINA BEACH FL 32034			Suite, Apt. #, Etc.			- JL	3000034469434 -11/01/0001054009			
					-	City		****236.25	ate samo	1003 1008 25
10. 1, being	appointed the	egistered agent of the abo	dve named corne	oration am for	milios with a	nd conset the sh	U		<u>-L</u>	7200.25
Signature of		1 and hold					igations of Secti	ion 607.0505, F.S.	,	
Registered A		MUNIA	CUNE	IN C	اللاين	KED		Date _ 10 /16 /	(he)	
	//	/ RI	GSTERED AG	ENT MUST S	IGN			- 1-/10/	, -	
11. I certify t	V that I am an offi	icer or director or the rece	iver or trustee on	nnowered to -	vanuta th'-	application				
this reins	statement appli	icer or director or the recei cation, the reason for disso	olution has been	eliminated to e	skecule ini\$ 18 comorati	i application as pri e name satisfies ti	ovided for in cha	of section 607 0404 or 64	her certify to	hat when filing

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 271-0682 Date Daytime Phone # CR2E040 (8/00)