APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 AUG -5 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

800007117078--3
-08/14/02--01072--008
****900.00 ****900.00

DOCUMENT # P00000089003

1. Corporation Name

TS PROPERTIES OF AMELIA ISLAND, INC.

REINSTATEMENT 2001-2002

2. Principal Office Address	**3.** Mailing Office Address
3106B S. Fletcher Ave.	P.O.Box 1586
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach,FL	City & State: Fernandina Beach,FL
Zip: 32034 Country: USA	Zip: 32035 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/2000

5. FEI Number: 59-3705209 ☐ 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: WESLEY R. POOLE

Street Address (P.O. Box Number is Not Acceptable): 303 Centre Street, Suite 200

Suite, Apt. #, Etc.:

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: Wesley R Poole — REGISTERED AGENT MUST SIGN — Date: 08/01/02

CR2E061 (9/01)

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
P/D	TOLLISON, Sammie S.	3106B S. Fletcher Ave.	Fernandina Beach, FL 32034
VP/D	MEESE, Judith A.	200 Carolina Ave,#401-A	Winter Park, FL 32789
ST/D	TOLLISON, Hugh K.	3106B S Fletcher Ave.	Fernandina Beach, FL 32034

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] August 1, 2002 (904)261-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TS Properties of Amelia Island, Inc

Signature

Requested by: HW 8/5

Name Date Time

Walk-In _____ Will Pick Up _____

RECEIVED
02 AUG -5 AM 11:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- _____ Art of Inc. File
- _____ LTD Partnership File
- _____ Foreign Corp. File
- _____ L.C. File
- _____ Fictitious Name File
- _____ Trade/Service Mark
- _____ Merger File
- _____ Art. of Amend. File
- _____ RA Resignation
- _____ Dissolution / Withdrawal
- ✓ Annual Report / Reinstatement
- _____ Cert. Copy
- _____ Photo Copy
- _____ Certificate of Good Standing
- _____ Certificate of Status
- _____ Certificate of Fictitious Name
- _____ Corp Record Search
- _____ Officer Search
- _____ Fictitious Search
- _____ Fictitious Owner Search
- _____ Vehicle Search
- _____ Driving Record
- _____ UCC 1 or 3 File
- _____ UCC 11 Search
- _____ UCC 11 Retrieval
- _____ Courier