PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000104810 1. Corporation Name							04 FEB 24 AM 8: 00			
AMELI	A ISLAND C	OFFEE CO	RP.			REI	NSTATEME	NT />	3-04	
Principal Place of Business Mailing Ad				Iress		_	. TO IT I ELLIE			
207 CENTRE FERNANDINA BEACH FL 32034			111 N 5TH STREET FERNANDINA BEACH FL 32034							
		<u></u>			and enter correction below	v		M	RD	
2. New Principal Office Address, If Applicable			3. New Mailing Office Address, If Applicable			4. Date Incom To Do Bus	Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numb	11/01/2000 Applied For			
City & State			City & State				59-3631430	Not App		
Zip	Cour	itry	Zip		Country	-6. CERTIFICA		5 Additional Fee or a Certificate of		
7. Names	and Street Addresses	of Each Officer and	l/or Director (F	lorida nonpro	fit corporations must list a	it least 3 directors)				
Title(s)				Street Address of Eac Officer and/or Directo						
PS HANAWALT, LINDA			111 NORTH 5TH ST.				FERNANDINA BEACH FL 32034			
						50 02/11	0002854419 /0401016003	75 ** **150.00	27 d	
						50 02/24	000285441 20401056005	75 **300.00		
S. Name and Address of Current Registered Agent						9. Name an	9. Name and Address of New Registered Agent			
Name								(2/03)		
HANAWALT, LINDA					Street Address (P.O. Box Number is Not Acceptable)			ZE040 (7		
111 N 5TH ST FERNANDINA BEACH FL 32034					Suite, Apt. #, Etc.					
					City State Zip Code					
10. I, being		ered agent of the at	OVE NAMED CON	poration, am		he obligations of Se	Date	5, F.S.		
11. I certify	y that I am an officer of	or director or the rec	eiver or trustee	empowered to	o execute this application	as provided for in o	hapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29,2004

Dear State of Florida

I recently received this notice of Corporate Dissolution or Revocation. I have not received any prior notification of this action throughout 2003. This was quite a surprise to me.

In 2002 I paid this fee via the Internet as I have a receipt from a credit card indicating payment. Apparently for 2003, my corporation did not file this report, which I regret. However, I did not receive any notification of this pending Dissolution, except the one that indicated the Dissolution was complete.

I have included check for \$150 for fees due May 2003. I will pay the 2004 fee as soon as possible after reinstatement. Thank you for your help.

Linda Hanawalt

President, Amelia Island Coffee Corp. 111 N. 5th Street

Fernandina Beach, FL 32034

904 491 7979