

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000100790**

1. Corporation Name

AMELIA ISLAND CLOTHEN COMPANY, INC.

Principal Place of Business

**308 CENTRE ST.
AMELIA ISLAND FL 32034**

Mailing Address

**308 CENTRE ST.
AMELIA ISLAND FL 32034**



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

10/17/2001

5. FEI Number

59-3751301

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	4 City / State / Zip
D	WISNIEWSKI, AHUVA	308 CENTRE ST.	AMELIA ISLAND FL 32034

700023665357

10/03/03--01043--004 **150.00

8. Name and Address of Current Registered Agent

**WISNIEWSKI, AHUVA
308 CENTRE ST.
AMELIA ISLAND FL 32034**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

oct. 8. 03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

oct. 8. 03.

CR2E040 (7/03)

October 8, 2003

To whom it may concern,

I recently received a past due notice from the Florida Department of State/Notice of Administrative Dissolution or Revocation. Please be advised I never received any payment request.

Enclosed please find the monies necessary to put my company in good standing.

If you need any further information please do not hesitate to contact us directly.

Thank you.