

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113876

1. Corporation Name

AMELIA MASSAGE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~1881 S. 14TH ST.~~
~~STE 5~~
FERNANDINA BEACH FL 32034

~~1881 S. 14TH ST.~~
~~STE 5~~
FERNANDINA BEACH 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

1894 S. 14TH ST.

Suite, Apt. #, etc.

STE 4

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1894 S. 14TH ST

Suite, Apt. #, etc.

STE 4

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2001

5. FEI Number

80-0021992

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
P	SHORES, THOMAS M	1739 PHILLIPS MANOR RD.	FERNANDINA BEACH FL 32034
V	SHORES, NANCY C	1739 PHILLIPS MANOR RD.	FERNANDINA BEACH FL 32034
S	HALL, JEFF	1023 N. FLETCHER AVE.	FERNANDINA BEACH FL 32034
T	BUNNER, JUDITH P	309 N. 17TH ST.	FERNANDINA BEACH FL 32034

8. Name and Address of Current Registered Agent

SHORES, NANCY C
1739 PHILLIPS MANOR RD.
FERNANDINA BEACH FL 32034-5341

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200008664572
10/29/02 01005 004 State Zip Code
FL

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

Nancy C. Shores
REGISTERED AGENT MUST SIGN

Date

10-28-02

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:

Nancy C. Shores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-02

Daytime Phone #

CR2E040 (8/02)