

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 19 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073921

1. Corporation Name

AMELIA ISLAND CONVENIENCE, INC.

Principal Place of Business

166 HIGHWAY A1A
PONTE VEDRA BEACH FL 32802

Mailing Address

166 HIGHWAY A1A
PONTE VEDRA BEACH FL 32802

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

200 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

PONTE VEDRA FL

Zip 32082

Country

3. New Mailing Office Address, If Applicable

200 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

PONTE VEDRA FL

Zip 32082

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1996

5. FEI Number

59-3395670

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	PERRONE, KENNETH R	166 HIGHWAY A1A 200 EXECUTIVE WAY	PONTE VEDRA BEACH FL 32082
D	PERRONE, RONALD D	166 HIGHWAY A1A 200 EXECUTIVE WAY	PONTE VEDRA BEACH FL 32082
D	LEMASTER, JOSIAH P	166 HIGHWAY A1A 200 EXECUTIVE WAY	PONTE VEDRA BEACH FL 32082

2000002380132-- 5
-12/23/97--01033--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KIRSCHNER, MAIN, GRAHAM, TANNER & DEMONT
SUITE 2000
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

JOSH P. LEMASTER

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

5004 BUTTERNWOOD DR

Suite, Apt. #, Etc.

City

PONTE VEDRA

State

FL

Zip Code

32082

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/11/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/97 (904)285-2073
Date Daytime Phone #