

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

98 SEP 24 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 991000009980
1. Corporation Name
AMENITY SERVICES, INC

Principal Place of Business Mailing Address
151 REGIONS # 62009 WAY P.O. Box 6065
DESTIN, FL. 32541 Destin FL
32541

REINSTATEMENT 97-98

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

2. New Principal Office Address, if Applicable <u>Same as above</u> Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable <u>Same as above</u> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <u>Jan 29th 1997</u>
City & State	City & State	5. FEI Number <u>59-3459176</u> Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>D. Pres</u>	<u>DARRELL BLANTON</u>	<u>4042 LAUREL COURT</u>	<u>DESTIN FLORIDA 32541</u>
<u>Sec</u>	<u>KENNETH HAAS</u>	<u>58 Ballamore Rd</u> <u>Destin FL 32541</u>	<u>Destin, FL. 32541</u>
<u>D. TREA</u>	<u>TERRY EDWARDS</u>	<u>3025 Redwood City</u> <u>Redwood City, CA. 94061</u>	<u>Redwood City, CA 94061</u>
<u>D. V/PRES</u>			
<u>DIR</u>			

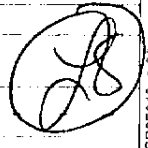
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****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kathleen Reynolds ATTN
305 Main St,
Destin FL 32541

Name Kenneth Haas
Street Address (P.O. Box Number is Not Acceptable)
58 Ballamore Rd
Suite, Apt. #, Etc.
City Destin State FL Zip Code 32541



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 Kenneth Haas
REGISTERED AGENT MUST SIGN

Date 9/21/98

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

Date 9/21/98 (850) 837-4155
Daytime Phone #

CP2E040 1-98