

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 24 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042574

1. Corporation Name

AMELIA ISLAND HOMES, INC.
J

2. Principal Office Address - No P.O. Box #

96383 BAYVIEW DR
Suite, Apt. #, etc.

3. Mailing Office Address

96383 BAYVIEW DR
Suite, Apt. #, etc.

City & State

FERNANDINA BEACH FL

City & State

FERNANDINA BEACH FL

Zip

32034

Country

NASSAU

Zip

32034

Country

NASSAU

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/12/1997

5. FEI Number

593448593

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BEN J CELSO

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

501 CENTRE STREET

Suite, Apt. #, Etc.

SUITE 128

City

FERNANDINA BEACH

State

FL

Zip Code

32034

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ben J Celso

REGISTERED AGENT MUST SIGN

Date 5/17/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	PALMER, GRANT	96383 BAYVIEW DR	FERNANDINA BEACH, FL 32034
DV	PALMER, GARY	425 BACHANAN AVE	CAPE CANAVERAL, FL 32920
S	BUSH, WILLIAM V	4658 RIDE WALK LN.	JACKSONVILLE, FL
			700110183417 10/02/07--01040--007 **900.00
			REINSTATEMENT 06-07

10. 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 contained in Chapter 119, 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:

Grant W. Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANT W. PALMER

5/17/07

Date

904-557-8438

Daytime Phone #