

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 17 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG 17 2005

DOCUMENT # P97000069980

1. Corporation Name

RESORT SERVICES OF AMELIA ISLAND, INC.

2855 ROBERT OLIVER AVENUE
2855 ROBERT OLIVER AVENUE

2. Principal Office Address

2855 ROBERT OLIVER AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 48

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

USA

Zip

32035

Country

USA

REINSTATEMENT

01-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/12/1997

5. FEI Number
59-3444170

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KELVIN T. RHODES

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

2588 ROBERT OLIVER AVENUE

Suite, Apt. #, Etc.

City

FERNANDINA BEACH

State
FL

Zip Code
32034

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

Kelvin T. Rhodes

REGISTERED AGENT MUST SIGN

Date

8-17-05

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
P	KELVIN T. RHODES	2855 ROBERT OLIVER AVENUE	FERNANDINA BEACH, FL 32034
VP	GEORGETTE R. RHODES	2855 ROBERT OLIVER AVENUE	FERNANDINA BEACH, FL 32034

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 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

KELVIN T. RHODES
PRESIDENT

Date

8-17-05

Daytime Phone #

904-855-1140

CR2E081 (01/04)