

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN 23 AM 8:13  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023123

**1. Corporation Name**

Amelia Island Services, Inc.

**2. Principal Office Address**

5174 First Coast Hwy

Suite, Apt. #, etc.

#1

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

**3. Mailing Office Address**

5174 First Coast Hwy

Suite, Apt. #, etc.

#1

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

REINSTATEMENT 01-06  
1/12/06 01055 013 1500.00  
CR2E081 (12/05)  
5/20/06 JAN 24 2006

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

3/12/1999

**5. FEI Number**

20-4079945

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

Sharon L. Holloway

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

408 Stanley Drive

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

*Sharon L. Holloway*

Date 1/20/06

REGISTERED AGENT MUST SIGN

**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	Ira Darlington	5174 First Coast Hwy	Fernandina Beach, FL 32034
V	Richard F. Darlington	96054 Waterway Court	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 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:

*Ira Darlington*

Ira Darlington

1/20/06

904-261-5994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #