

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 23 PM 3:21

DOCUMENT # P99000106588

1. Corporation Name

Amelia Development Company, Inc.
P. O. Box 15189
Amelia Island, Florida 32035

2. Principal Office Address

4930 Sea Watch Dr.

Suite, Apt. #, etc.

City & State

Amelia Island, FL 32034

Zip

32034

Country

3. Mailing Office Address

P. O. Box 15189

Suite, Apt. #, etc.

City & State

Amelia Island, FL 32035

Zip

32035

Country

REINSTATEMENT 00-01

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

12/9/99

5. FEI Number

59-3613838

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

Arthur I. Jacobs

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

401 Centre Street, Second Floor

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

000004500520-4

-07/26/01--01087--012

****900.00 ****900.00

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

Arthur I. Jacobs

Date 7/19/01

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
CEOD	Thomas V. King	P. O. Box 15189	Amelia Island FL. 32035
STD	Barbara Ann S. King	P. O. Box 15189	Amelia Island, FL. 32035
PD	Glenn Seever	669 South Fletcher Ave.	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:

Glenn Seever
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

Date

904-583-1333

Daytime Phone #

CR2E081 (9/00)