
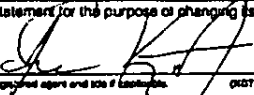
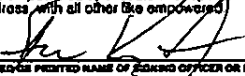


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # F03000004205			
1. Entry Name AMERIBANK, INC.			
Principal Place of Business 70 MCDOWELL STREET WELCH, WV 24801 US		Mailing Address 8895 NORTH MILITARY TRAIL SUITE 101D PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business - No P.O. Box # Rt 52, Main Street		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Northfork, WV		City & State	
Zip 24868	Country USA	Zip	Country
4. FEI Number 55-0245495		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNHAM, LOUIS J 8895 NORTH MILITARY TRAIL SUITE 101D PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Steve Krystyniak Street Address (P.O. Box Number is Not Acceptable) 8895 N Military Trail Suite 101D City Palm Beach Gardens FL Zip Code 33410	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE 		DATE 11/07/07	
FILING FEE: FEB 13 \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME DUNHAM, LOUIS J CEO STREET ADDRESS 8895 NORTH MILITARY TRAIL CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE Pres, CEO, Chairman NAME David Hartman STREET ADDRESS 68400 Stewart Drive CITY-ST-ZIP St Clairsville, OH 43950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME COGSWELL, DAVID G EVP STREET ADDRESS 8895 NORTH MILITARY TRAIL CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE EVP, CCO NAME Christopher George STREET ADDRESS 68400 Stewart Drive CITY-ST-ZIP St Clairsville, OH 43950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME PARNELL, BETTY EVP STREET ADDRESS 70 MCDOWELL STREET CITY-ST-ZIP WELCH, WV 24801	<input type="checkbox"/> Delete	TITLE Director NAME PO Box 520 STREET ADDRESS Northfork, WV 24868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME BALDINI, JACK STREET ADDRESS 70 MCDOWELL STREET CITY-ST-ZIP WELCH, WV 24801	<input type="checkbox"/> Delete	TITLE Director NAME PO Box 520 STREET ADDRESS Northfork, WV 24868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VC NAME SUTTON, JIM STREET ADDRESS 70 MCDOWELL STREET CITY-ST-ZIP WELCH, WV 24801	<input type="checkbox"/> Delete	TITLE EVP NAME Steve Krystyniak STREET ADDRESS 8895 N Military Trail, Ste 101D CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WARD, PHILLIP STREET ADDRESS 8895 NORTH MILITARY TRAIL CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other file empowered.	
SIGNATURE: 		Date 10/15/07	

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