


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 DEC -2 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # P93000043459 (5)
1. Corporation Name AMBRJAK CORPORATION

Principal Place of Business **Mailing Address**
2110 Goldenrod St.
Sarasota, FL. 34239

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT all-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 06/21/1993

5. FBI Number <u>65-0418235</u>	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED See 7a. instructions for response to a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	A. CRAIG PHILLIPS	2110 Goldenrod St.	SARASOTA, FL. 34239
SECT/TREAS.	MARY JO VIOLETT	2110 Goldenrod St.	SARASOTA, FL. 34239
			4000002862894-0 -12/04/97-01067-002 *****15.00 *****15.00

8. Name and Address of Current Registered Agent

A. CRAIG PHILLIPS
2110 Goldenrod St.
SARASOTA, FL. 34239

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State FL Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent: A. Craig Phillips Date: 12/1/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 687 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., and that all fees owed by the corporation have been paid. 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: A. Craig Phillips A. CRAIG PHILLIPS 12/1/97 941-953-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHECKNO. (12/95)