

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 DEC 14 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005567

1. Corporation Name

AMBASSADOR LEASE MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box #

245 CHALLENGER ROAD

3. Mailing Office Address

PO BOX 654

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL

City & State

CAPE CANAVERAL, FL

Zip

32920

Country

USA

Zip

32920

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/20/1998

5. FEI Number

59-3488168

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
BRIAN HUBERT

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

Suite, Apt. #, Etc.

City
CAPE CANAVERAL

State
FL

Zip Code
32920

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 8-20-07

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
PRESIDENT	BRIAN HUBERT	1940 TROPICAL TRAIL	MERRITT ISLAND, FL 32953
V. PRESIDENT	DONALD GARVER	1670 LARCHMONT CIRCLE	MERRITT ISLAND, FL 32953
DIRECTOR	RANDALL MAY	1700 SANDPIPER STREET	MERRITT ISLAND, FL 32952

400113136044
12/14/07--01010--014 **450.00

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:

BRIAN HUBERT

8/20/07

321-784-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #