

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
06 MAY -4 PM 2:53  
DEPARTMENT OF STATE  
HALL PALM BEACH, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 849030**

1. Corporation Name  
**AMBCO CAPITAL CORPORATION**

2. Principal Office Address <b>350 East 96th Street</b>		3. Mailing Office Address <b>175 Berkeley Street</b>	
Subs, Apt. #, etc.		Subs, Apt. #, etc.	
City & State <b>Indianapolis, IN</b>		City & State <b>Boston, MA</b>	
Zip <b>46240</b>	Country <b>USA</b>	Zip <b>02116</b>	Country <b>USA</b>

CRZE081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **05/04/1981**

5. FEI Number <b>36-2816344</b>	Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>	

6. CERTIFICATE OF STATUS DESIRED  § 875.06 and 875.07, F.S.

7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

Subs, Apt. #, Etc.

City  
**Plantation**

State  
**FL**

Zip Code  
**33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0503 or 817.0603, F.S.

Signature of Registered Agent *Conie Bay* Date **5/4/06**

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
	See Attached		

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 807 or 817, 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 807.0401 or 817.0401, 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 118, 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: *Douglas T. Jenkins* **Douglas T. Jenkins** Date **4/3/06** **513-576-4453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #