FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 MAY -5 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000004130

1. Corporation Name

Ambassador Legal Services, Inc.

400247591574
05/03/13--01032--001 **900.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
25B Vreeland Rd	
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.:
City & State: Florham Park, NJ	City & State:
Zip: 07932 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7/19/2005

5. FEI Number: 20-31344905 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: no — $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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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: Sheryl A Gibbs Asst V.P. Date: 4-30-13

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
P/D	Robert Cullen	25B Vreeland Rd., Suite 301	Florham Park, NJ 07932
S/D	Nancy Josephs	25B Vreeland Rd., Suite 301	Florham Park, NJ 07932
T	Richard Antoneck	25B Vreeland Rd., Suite 301	Florham Park, NJ 07932
D	James Christopoulos	c/o 25B Vreeland Rd., Suite 301	Florham Park, NJ 07932
D	Martin Maleska	c/o 25B Vreeland Rd., Suite 301	Florham Park, NJ 07932
D	Steven Miller	c/o 25B Vreeland Rd., Suite 301	Florham Park, NJ 07932

10. E-mail Address: rantoneck@veritext.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: CFO + Treasurer 4-30-13 973-410-4040

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

Richard P. Antoneck