

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000005514

1. Entity Name  
AMBIENTI, USA, INC.



Principal Place of Business  
440 FRANKSTON HWY.  
P.O. BOX 1959  
JACKSONVILLE, TX 75766

Mailing Address  
440 FRANKSTON HWY.  
P.O. BOX 1959  
JACKSONVILLE, TX 75766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272006

REIN-P

CR2E098 (11/05)

4. FEI Number

75-1874887

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CRANFILL, TODD  
STREET ADDRESS P.O. BOX 1959  
CITY - ST - ZIP JACKSONVILLE, TX 75766

☐ Delete

TITLE VP  
NAME HALL, TIMOTHY  
STREET ADDRESS P.O. BOX 1959  
CITY - ST - ZIP JACKSONVILLE, TX 75766

☐ Delete

TITLE ST  
NAME PENN, RAY  
STREET ADDRESS P.O. BOX 1959  
CITY - ST - ZIP JACKSONVILLE, TX 75766

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/06

Date

93-586-1173

Daytime Phone #

FILED  
06 OCT 31 PM 4:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

