## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATIONS FOR9U





## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

G40015

1. Corporation Name

AMBER ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1746 NW ARCADIA WAY **BOCA RATON FL 33432** 

1746 NW ARCADIA WAY **BOCA RATON FL 33432** 

1996 SEP 23 PM 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through New Principal Office Address, If Applicable  3			ugh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     05/18/1983		
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.  City & State			- cert		
Crty & State	e	City & Sta				59-2303699 Applied For Not Applied be		
TW:	Country	77:00	rip Country		6.			
Zip	Country	Zip	COL	untry	CERTIFICAT	TE OF STATUS DESIRED 🔲 🍍	for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer a	nd/or Director (	Florida nonprofit corr	porations must list at	least 3 directors)	***************************************		
Title(s) 1	Name of Officers and/or Directors 3 (Do		3 (Do NO	Street Address of Each Officer and/or Director OT Use Post Office Box Numbers)		City / State / Zip		
DP	DAMBRA, MICHAEL		966 BOLAND	DER DRIVE		DELRAY BCH, FL 0000	)0	
					~			
					91	00001977 -10/16/96-0 ****200.00	0990 1065-011 ****200.00	
							y stale	
i	8. Name and Address of Curre	nt Registered A	lgent		9. Name and	Address of New Registered	Agent	
Name								
	BRA, MICHAEL		Street Address (P.O. Box Number is Not Acceptable)					
	N 15TH AVE N RATON FL 33486		Suite, Apt. #, Etc.					
BUCA	RATUN FL 33400		Suite, Apr. #, Etc.					
			***************************************	City		State FL		
10. I, being Signature o Registered .	pappointed the registered agont or the and the Agent Omuhuu	HEGISTEFFED.	AGENT MUST SIGN		obligations of Sec	Date 95/85	96	
11. Do De	es this corporation pay ept. of Revenue under S	any intar 3. 199.03/	ngible tax to 2, Florida St	the atutes. Yes	s No [		de for information ngible tax.)	
19 Loorlify	that I am an officer or director or the re-	colver or tructos	empowered to ever	oute this application as	e provided for in ah	pentor 607 or 617 E.C. I furthou	contifue that when filling	

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 under section 119.07(3)(i), 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.

had Dambra 9-18-96 39

9-18-96 hich ptally suprised me a check for \$200. w to Document # Gy0015

Carrier orderstar a personal parameter

- 17