

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY 11 PH 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K15680

1. Corporation Name

Ambrose E. Austin, INC

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

607 W. Memorial Blvd

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33801

Country

USA

3. Mailing Office Address

P.O. Box 3096

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33802

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/2/1988

5. FEI Number

59-293 0090

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

Cedric E. Lewis + Associates P.A.

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

332 3rd St. NW.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

☐ 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

4/30/07

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
P	Austin, Ambrose E.	P.O. Box 3096	Lakeland, FL 33802
VP	Lewis, Andrew H. Sr.	390 Ave S NE	Winter Haven, FL 33881
ST	Stephens, Renny L	P.O. Box 2657	Winter Haven, FL 33883

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05/31/07--01019--017 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

Date

8636821012

Daytime Phone #

5/18/07