PLEAS AD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800021083088
06/23/03--01080--015 **2000.00

DOCUMENT # K15680

1. Corporation Name AMBROSE E. AUSTIN INC

2. Principal Office Address	3. Mailing Office Address
607 W. Memorial Blvd	P.O. Box 3096
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: Lakeland, FL
Zip: 33801 Country: ~~Polk~~ USA	Zip: 33802 Country: ~~FO~~ USA

4. Date Incorporated or Qualified To Do Business in Florida 03/1989

5. FEI Number 59-2930090 ☐ 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: WALTER G. Bell

Street Address (P.O. Box Number is Not Acceptable): 98 1st St. N

800021083088
06/30/03--01074--002 **100.00

Suite, Apt. #, Etc.

City: Winter Haven | State: FL | Zip Code: 33881

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: Walter G. Bell Date: 7-5-2002

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
Pres	Ambrose E. Austin	P.O. Box 3096	Lakeland, FL 33802
V Pres	Andrew H. Lewis Sr	390 Ave S NE	Winter Haven, FL 33881
Sec/Treas	Renay L. Stephens	P.O. Box 2657	Winter Haven, FL 33883

ATTACHMENT 04-03 163

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 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.

SIGNATURE: Ambrose E. Austin

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