

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000057098

1. Limited Liability Company's Name

Ambra Services L.L.C.

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

502 Fullers Cross Rd

Suite, Apt. #, etc.

3. Mailing Office Address

502 Fullers Cross Rd

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

U.S.A

City & State

Winter Garden, FL

Zip

34787

Country

U.S.A

4. State/Country of Formation

Florida

U.S.A

5. Date Organized or Qualified
To Do Business in Florida

6/12/09

6. FEI Number

27-0766594

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Leslie M. Hopler Jr

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

502 Fullers Cross Rd

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

E-mail Address:

600241491676

11/05/12--01004--003 **382.50

SKIPSPOLS@AOL.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Leslie M. Hopler Jr

REGISTERED AGENT MUST SIGN

Date

11/5/12

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Sonia M. Hopler	502 Fullers Cross Rd.	Winter Garden FL 34787
MEM	Leslie M. Hopler Jr.	502 Fullers Cross Rd	Winter Garden FL 34787

REINSTATEMENT
2011 + 2012

SAUL SBERRY

EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 817.155, F.S.

Signature of Managing

Member/Manager

Leslie M. Hopler Jr

Date

11/5/12

Daytime Phone #

407 947 5554

Typed or printed name of signing Managing Member/Manager

WINTER GARDEN