Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
AMBAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$236.25

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 OCT 15 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

13

CR2E081 (11/10)

DOCUMENT # N07000012231

1. Corporation Name

AMBAL, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1325 S. Miramar Avenue	1325 S. Miramar Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indialantic, FL	City & State: Indialantic, FL
Zip: 32903 Country: USA	Zip: 32903 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/24/2007

5. FEI Number: 261626368 ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

OCT 15 2013

S. PRATHER

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: Connie Bryan Date: 10/15/2013

REGISTERED AGENT MUST SIGN Assistant Secretary

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/D	Dr. Ravindran B. Palaniyandi	1325 S. Miramar Avenue	Indialantic, FL 32903
V/D	Palaniyandi Pillai	1325 S. Miramar Avenue	Indialantic, FL 32903
T/D	Ambika Ravindran	1325 S. Miramar Avenue	Indialantic, FL 32903
S/D	Arun Ravindran	1325 S. Miramar Avenue	Indialantic, FL 32903
D	Lakshmi B. Ravindran	1325 S. Miramar Avenue	Indialantic, FL 32903
D	Radhika K. Ravindran	1325 S. Miramar Avenue	Indialantic, FL 32903

10. E-mail Address: ambikar@spacecoastcardiology.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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 s.817.155, F.S.

SIGNATURE: Dr. Ravindran B. Palaniyandi, Pres. 10/ 11 /2013 321-635-8304

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