

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

NOV 18 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000027974

1. Corporation Name

Ambernick Property Investments, Inc.

900025069309
11/26/03--01040--003 **8.75

900025069309
11/26/03--01040--002 **150.00

2. Principal Office Address

711 W. Kalmia Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

711 W. Kalmia Dr.
Suite, Apt. #, etc.

City & State

Lake Park, FL

City & State

Lake Park, FL

Zip

33403

Country

USA

Zip

33403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/01

5. FEI Number

270004662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Mark D Cohen, Esq

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Suite 435-South

City

Hollywood

State
FL

Zip Code
33021

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

REGISTERED AGENT MUST SIGN

Date

11/17/03

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
D	Craig Hipp	711 W. Kalmia Drive	Lake Park, FL 33403

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03 (954) 962-1164

Daytime Phone #

CR2E081 (10/02)

MARK D. COHEN, P.A.

Presidential Circle, Ste. 435-South
4000 Hollywood Blvd.
Hollywood, FL 33021

Telephone: (954) 962-1166

Facsimile: (954) 962-1779

November 17, 2003

Hand-Delivered

State of Florida
Department of State
409 East Gaines Street
Tallahassee, FL 32399

**RE: Ambernack Property Investments, Inc.
Document No. P01000027974**

To Whom It May Concern:

Enclosed is my check in the amount of \$150.00 along with the Application for Reinstatement for the above referenced corporation.

My client never received their Annual Report and we are asking for your consideration in reinstating the corporation.

Thank you for your attention.

MARK D. COHEN, P.A.

Mark D. Cohen, Esq.

MDC/jw
enclosures