

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

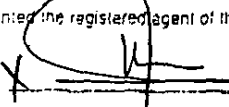
**REINSTATEMENT** 03

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|                                                                                                          |                           |                                                                                                                                                                                               |                           |
|----------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                     |                           |  <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                           |
| <b>DOCUMENT # P01000040393</b>                                                                           |                           |                                                                                                                                                                                               |                           |
| <b>1. Corporation Name</b><br>AMBAR CORPORATION<br>11117 W. OKEECHOBEE ROAD<br>HIALEAH GARDENS, FL 33018 |                           |                                                                                                                                                                                               |                           |
| <b>2. Principal Office Address</b><br>440 NE 51 ST<br>Suite, Apt. #, etc.                                |                           | <b>3. Mailing Office Address</b><br>440 NE 51 ST<br>Suite, Apt. #, etc.                                                                                                                       |                           |
| <b>City &amp; State</b><br>FT LAUDERDALE FL                                                              |                           | <b>City &amp; State</b><br>FT LAUDERDALE FL                                                                                                                                                   |                           |
| <b>Zip</b><br>33334                                                                                      | <b>Country</b><br>BROWARD | <b>Zip</b><br>33334                                                                                                                                                                           | <b>Country</b><br>BROWARD |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>04/20/01                           |                           | <b>5. FEI Number</b><br>65-1156577                                                                                                                                                            |                           |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>                                         |                           | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b>                                                                                                                          |                           |

|                                                                           |                    |                          |
|---------------------------------------------------------------------------|--------------------|--------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                    |                    |                          |
| <b>Name</b><br>PEDRO R. BARRIOS                                           |                    |                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>440 NE 51 ST |                    |                          |
| <b>Suite, Apt. #, Etc.</b>                                                |                    |                          |
| <b>City</b><br>FT LAUDERDALE                                              | <b>State</b><br>FL | <b>Zip Code</b><br>33334 |

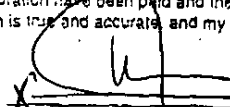
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent**  **Date** 11/13/03

**REGISTERED AGENT MUST SIGN**

| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> |                                          |                                                       |                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|---------------------------|
| <b>Titles</b>                                                                                                                        | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b> | <b>City / State / Zip</b> |
| P/D                                                                                                                                  | PEDRO R. BARRIOS                         | 440 NE 51 ST                                          | FT LAUDERDALE FL 33334    |
|                                                                                                                                      |                                          |                                                       |                           |
|                                                                                                                                      |                                          |                                                       |                           |
|                                                                                                                                      |                                          |                                                       |                           |
|                                                                                                                                      |                                          |                                                       |                           |
|                                                                                                                                      |                                          |                                                       |                           |

**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)(f), 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:**  **Date** 11/3/03 **Daytime Phone #** 954-274-0267

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

November 3, 2003

Dept of State  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

Dear sirs:

Per our conversation with your office we hereby submit our UBR for year 2003. Our corporation, AMBAR CORPORATION, was dissolved on 9/19/03 without our knowledge. We later found out that the report was mailed to the wrong address.

We hereby request a one time abatement of the penalty and send the \$ 150. check to cover the 2003 registration, as per your instructions.



Pedro Barrios  
President  
AMBAR CORPORATION  
440 NE 51 ST  
FT LAUDERDALE, FL 33334