PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 NOV -7 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000040393

1. Corporation Name
AMBAR CORPORATION
11117 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33018

REINSTATEMENT 03

600024504886
11/07/03--01027--007 **150.00

2. Principal Office Address	3. Mailing Office Address
440 NE 51 ST	440 NE 51 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33334 Country: BROWARD	Zip: 33334 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 04/20/01

5. FEI Number: 65-1156577 ☐ 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: PEDRO R. BARRIOS
Street Address (P.O. Box Number is Not Acceptable): 440 NE 51 ST
Suite, Apt. #, Etc.:
City: FT LAUDERDALE State: FL Zip Code: 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: X _____ Date: 11/3/03

REGISTERED AGENT MUST SIGN

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	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)(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: X _____ 11/3/03 954-274-0267

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

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