

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045420

1. Corporation Name  
AMBASSADOR R.K., INC.

900 WEST 49 STREET  
4171 SW 117 AVE

2. Principal Office Address  
900 WEST 49 STREET

3. Mailing Office Address  
4171 SW 117 AVE

Suite, Apt. #, etc.  
311

Suite, Apt. #, etc.

City & State  
HIALEAH

City & State  
MIAMI

Zip Country  
FL 33012

Zip Country  
FL 33175

4. Date Incorporated or Qualified  
To Do Business in Florida 05/07/2001

5. FEI Number  
65-1100545

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-04

200040044692  
08/10/04--01035--002 \*\*1.050.00

7. Name and Address of Current Registered Agent

Name  
ROBERTO LOPEZ

Street Address (P.O. Box Number is Not Acceptable)  
4171 SW 117 AVE

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33175

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 08/04/04

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
PD	ROBERTO LOPEZ	4171 SW 117 AVE	MIAMI, FL 33175

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/04

Date

305 491 7813

Daytime Phone #

CR2E081 (01/04)