

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -8 AM 7:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000002776

1. Corporation Name

AMBER WOODS, INC.

REINSTATEMENT 03-04

2. Principal Office Address

1803 Briar Creek Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Safety Harbor, FL

Zip

Country

Zip

Country

345695

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/02

5. FEI Number

02-0533441

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

Kalina Sarmov, Esq.

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

1803 Briar Creek Blvd.

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

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

Kalina

REGISTERED AGENT MUST SIGN

Sarmov

Date 2-18-04

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
C	Charles H. Monroe III	1803 Briar Creek Blvd.	Safety Harbor, FL 34695
VP	Ira S. Waitz	1803 Briar Creek Blvd.	Safety Harbor, FL 34695

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

Charles H. Monroe, III Chairman

2-18-04
Date

727-669-7412
Daytime Phone #

CR2E081 (01/04)

**Monroe's
Prestige
Group, Inc.**

Retail Development

February 18, 2004

Department of State
Division of Corporations
Reinstatement Department
PO Box 6327
Tallahassee, FL 32314

Re: Amber Woods, Inc. - Reinstatement
Document #F02000002776

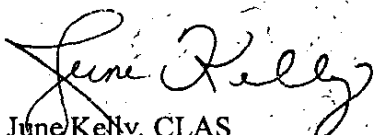
Dear Sir or Madam:

Enclosed please find the following items to reinstate the above-referenced corporation:

1. Application to Reinstatement and
2. Check in the amount of \$308.75.

Kindly file same and return a Certificate of Status for our files.

Sincerely,



June Kelly, CLAS
Certified Legal Assistant Specialist to
Kalina Sarmov, Esq., General Counsel

JK/
Encl.