

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 20 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # P020000015726

1. Corporation Name

Ambassador Security Inc.

300039537313
07/26/04--01070--011 **908.75

REINSTATEMENT 03-24

2. Principal Office Address

540 Brickell Key Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Penthouse 1806

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33131

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/02

5. FEI Number

05-1073669

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

TANIA FERNANDEZ

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

540 Brickell Key Dr.

Suite, Apt. #, Etc.

PH 1806

City

Miami

State

FL

Zip Code

33130

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

Tania Fernandez
REGISTERED AGENT MUST SIGN

Date

07-16-04

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	Tania Fernandez	540 Brickell Key Dr.	Miami FL 33131

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:

Tania Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/04 305358-7484

Daytime Phone #

CR2E081 (01/04)

th