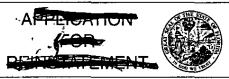
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000068798 DOCUMENT

1. Corporation Name

AMBURGEY PROFESSIONAL BUILDERS, INC.

Principal Place of Business

Mailing Address

49 JUNIPER TRACK

49 JUNIPER TRACK OCALA EL 24400

FILED

03 OCT 13 PH 12: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OUNLA FE	34400		OCALA FE 04400						
If above addresses are incorrect in any way, line through incorrect information and enter correction b						₹			
New Principal Office Address, If Applicable				New Mailing Office Address, If Applicable			74. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5) FEI Number Applied For		
City & Stat	e		City & State	City & State		01-07/4692		Not Applicable	
Z ip		Country	Zip		Country	6: CERTIFICA		75 Additional Fee required or a Certificate of Status	
7. Names	and Street Add	dresses of Each Officer ar	nd/or Director (Flo	orida nonprof	I it corporations must list at le	ast 3 directors)			
Title(s)	ttle(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo					
Ď	AMBURGEY, BRAD A			49 JUNIPER TRACK			OCALA FL 34480		
				>			800023750898 0/13/0301070001 **150.00		
·			<u>.</u> -		= = /			-	
		J							
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
					Name				
AMBURGEY, BRAD A 49 JUNIPER TRACK					Street Address (Street Address (P.O. Box Number is Not Acceptable)			
OCALA FL 34480					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
					City		State	Zip Code	
10. I, being	g appointed the	e registered agent of the a	above named corp	oration, am f	amiliar with and accept the o	obligations of Se	ection 607.0505, F.S. or 617.0505	5, F.S.	
Signature o	of Agent		REGISTERED AC	MUST	SIGN		Date 0	1-03	
this rein	nstatement app	olication, the reason for dis	ssolution has beer	eliminated,	the corporate name satisfies	the requiremen	chapter 607 or 617, F.S. I further ints of section 607.0401 or 617.04 under section 119.07(3)(i), F.S. T	I01, F.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

URE AND TYPED OF PRINTED NAME OF SUNING OFFICER OR DIRECTOR

October 9, 2003 Amburgey Professional Builders Inc. 49 Juniper Track Ocala, FL 34480 352-307-8520

RE:Reinstatement FEI #01-0714692

Dear Sir,

I am writing this letter to state that we Amburgey Professional Bldrs. Inc. never recieved any UBR notice prior to this reinstatement notice. We are now aware of the paper work and when it needs to be filed for the future.

Enclosed is \$150.00 for the fees to reinstate. Thank you for your time.

Sincerely,

Brad A. Amburgey
President/Owner