

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

~~APPLICATION~~  
~~FOR~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000068798**

1. Corporation Name

**AMBURGEY PROFESSIONAL BUILDERS, INC.**

Principal Place of Business

Mailing Address

49 JUNIPER TRACK  
OCALA FL 34480

49 JUNIPER TRACK  
OCALA FL 34480

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0714692

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D             | AMBURGEY, BRAD A                          | 49 JUNIPER TRACK                                       | OCALA FL 34480          |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

800023750898  
10/13/03--01070--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMBURGEY, BRAD A  
49 JUNIPER TRACK  
OCALA FL 34480

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10-9-03

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03

CR2E040 (7/03)

2052

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*