2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000059391

Entity Name: AMBROSE - HAMBURG REALTY GROUP CO.

FILED Oct 27, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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15221 LAGUNA DR. 16329 SOUTH TAMIAMI TRAIL FORT MYERS, FL 33908

SUITE #5 FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

15221 LAGUNA DR 16329 SOUTH TAMIAMI TRAIL FORT MYERS, FL 33908

SUITE #5

FORT MYERS, FL 33908

FEI Number: 65-1193383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMBROSE, BONNIE AMBROSE, BONNIE K 27711 HAROLD ST 12515 MCGREGOR BLVD BONITA SPRINGS, FL 34135 US

FORT MYERS, FL 33908 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BONNIE K. AMBROSE 10/27/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete () Change () Addition

VINING, RICHARD Name: Name: 8040 COLLINGWOOD COURT Address: Address: City-St-Zip: SARASOTA, FL 34201 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

Name: KONSTANS, CONSTANTINE Name: AMBROSE, BONNIE K 2090 MATECUMBE KEY RD #1101 Address: 12515 MCGREGOR BLVD Address: PUNTA GORDA, FL 33955 FORT MYERS, FL 33908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE K. AMBROSE MGR 10/27/2005