

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/08/07--01005--022 **1058.75

REINSTATEMENT 05-07

CR2E081 (12/05)

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000009645					
1. Corporation Name Ambish, Inc. WD7000002224					
2. Principal Office Address 100 N.W. Airoso Blvd.			3. Mailing Office Address 137 N.W. Curry Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Port St. Lucie, FL			City & State Port St. Lucie, FL		
Zip 34983	Country USA	Zip 34983	Country USA		

4. Date Incorporated or Qualified To Do Business in Florida January 12, 2004	
5. FEI Number 05-0594574	- Applied For ... Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Yatikaben H. Patek	
Street Address (P.O. Box Number is Not Acceptable) 137 N. W. Curry Street	
Suite, Apt. #, Etc.	
City Port St. Lucie	Zip Code FL 34983

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: Yatika. H. Patel. Date: 01-05-07

REGISTERED AGENT MUST SIGN

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
P	Yatikaben H. Patel	137 N.W. Curry Street	Port St. Lucie, FL 34983

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 contained in Chapter 119, 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: Yatika. H. Patel. Date: 01-05-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2700