

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 16 AM 11:16

REINSTATEMENT 05-06



03142006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000026156 1. Entity Name AMBOLLY INDUSTRIES, INC.	
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Principal Place of Business 1226 42 ST SARASOTA, FL 34234-4618	Mailing Address PO BOX 850 NOKOMIS, FL 34229-0850
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1226 42 ST Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State SARASOTA, FL	4. FEI Number 20-0650036	Applied For <input type="checkbox"/> Not Applicable
Zip 34234	Country	Zip 34234	Country

6. Name and Address of Current Registered Agent LANGDON, ALLEN E PH.D. 125 FIRST AVE NOKOMIS, FL 34275	7. Name and Address of New Registered Agent Name <u>James R. Knight</u> Street Address (P.O. Box Number is Not Acceptable) 1226 42 ST City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34234</u>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James R. Knight (NOTE: Registered Agent signature required when reinstating) DATE: 3/14/06

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, JAMES R	NAME	000068943230
STREET ADDRESS	1226 42 ST	STREET ADDRESS	03/23/06--01013--020 **300.00
CITY-ST-ZIP	SARASOTA, FL 342344618	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, LINDA S	NAME	
STREET ADDRESS	1226 42 ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 342344618	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Knight DATE: 3/14/06 Daytime Phone # _____