

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)

4. FEI Number 20-0650036 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000026156

1. Entity Name
AMBOLLY INDUSTRIES, INC.



Principal Place of Business
1226 42 ST
SARASOTA, FL 34234-4618

Mailing Address
PO BOX 850
NOKOMIS, FL 34229-0850

2. Principal Place of Business

3. Mailing Address

1226 42 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34234

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGDON, ALLEN E PH.D.
125 FIRST AVE
NOKOMIS, FL 34275

Name James R. Knight

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

1226 42 ST

City SARASOTA

FL

Zip Code 34234

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)

3/14/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME KNIGHT, JAMES R
STREET ADDRESS 1226 42 ST
CITY-ST-ZIP SARASOTA, FL 342344618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000068943230
CITY-ST-ZIP 03/23/06--01013--020 **\$300.00

TITLE DST ☐ Delete
NAME KNIGHT, LINDA S
STREET ADDRESS 1226 42 ST
CITY-ST-ZIP SARASOTA, FL 342344618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

Daytime Phone #