PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -9 AM 10:38

DOCUMENT # P06000106842

1. Corporation Name: Jay Ambe of Spring Hill Inc

W1-31161

100182680511
06/28/10--01048--013 **750.00

REINSTATEMENT 08-10
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10243 County Line Rd	14600 Benbrook Dr
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Spring Hill	City & State: Spring Hill
Zip: 34608 Country:	Zip: 34609 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8/16/06

5. FEI Number: 20-5404855 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Deepa Patel

Street Address (P.O. Box Number is Not Acceptable): 14600 Benbrook Dr

Suite, Apt. #, Etc.

City: Spring Hill State: FL Zip Code: 34609

100182680511
07/09/10--01035--006 **158.75

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: [signature] REGISTERED AGENT MUST SIGN Date: 6-24-10

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
PST	Deepa Patel	14600 Benbrook Dr	Spring Hill, Fl 34609

10. E-mail Address: EverestconsultingLLC@gmail.com
(To be used for future annual report notification)

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. I further certify, 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] 6-24-10 352-428-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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