

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P07000037738**

1. Entity Name  
**AMBAE ENTERPRISE OF TAMPA, INC.**



**FILED**  
09 APR 28 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 11620 N. 22ND STREET TAMPA, FL 33612	Mailing Address 11620 N. 22ND STREET TAMPA, FL 33612
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**REINSTATEMENT** 08-09  
PR232009 REIN-2 QR2E098 (1/07)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHAW, BILLY M  
550 N. REO STREET  
SUITE 300  
TAMPA, FL 33609-1013

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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**

TITLE	D <input type="checkbox"/> Delete	NAME PATEL, SHAILESH R
STREET ADDRESS		11500 SUMMIT WEST BLVD. #43-A
CITY-ST-ZIP		TEMPLE TERRACE, FL 33617
TITLE	D <input type="checkbox"/> Delete	NAME PATEL, SANJAY V
STREET ADDRESS		2364 NE SNOW STREET
CITY-ST-ZIP		ARCADIA, FL 34266
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		

200153342022  
04/28/09--01040--023 \*\*300.00

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:** \_\_\_\_\_ *[Signature]* \_\_\_\_\_ *03/23/09* \_\_\_\_\_ *813-785-7055*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #