

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 29 AM 8: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000024773

1. Corporation Name

Ambient, Inc.

2. Principal Office Address - No P.O. Box #

309 1/2 St Johns Ave

Suite, Apt. #, etc.

City & State

Palatka, FL

Zip

32177

Country

USA

3. Mailing Office Address

309 1/2 St Johns Ave

Suite, Apt. #, etc.

City & State

Palatka, FL

Zip

32177

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 03/19/2010

5. FEI Number

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jacob Fales

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

309 1/2 St Johns Ave

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

321477

100215652381
12/29/11--01040--024 **750.00

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

Date 12/28/2011

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 |
|--------|--------------------------------------|---|--------------------|
| CEO | Jacob Fales | 309 1/2 St Johns Ave | Palatka, FL 32177 |
| CTO | Merlin Welton | 309 1/2 St Johns Ave | Palatka, FL 32177 |
| | | | |
| | | | |
| | | | |
| | | 2011 R/H | |

REINSTATEMENT

10. E-mail Address: jacob@thinkambient.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jacob Fales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/11 (386) 916-6494

Daytime Phone #