

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -4 PM 3: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/05/96--01066--003
****575.00 ****575.00

DOCUMENT # P930000 54638 wab-24969

1. Corporation Name
AMBERRY ENTERPRISE, INC

Principal Place of Business Mailing Address
2210 34th WAY N. #3
LARGO, FL 33782

REINSTATEMENT 0590

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 7/30/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3196770	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	INGA PLESNARSKI	1336 DOROTHY DR	DEARWATER, FL. 34624
V.P.	WILLIAM BELSIANO	10959 109 th AVE N	LARGO, FL 33778

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name INGA PLESNARSKI	
		Street Address (P.O. Box Number is Not Acceptable) 2210 34 th WAY N. #3	
		Suite, Apt. #, Etc. SUITE #3	
		City LARGO, FL	State Zip Code FL 33782

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: Inga Plesnarski Date: 11-21-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 817, 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 817.0401, F.S.; and that all fees owed by the corporation have been paid. 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: Inga Plesnarski INGA PLESNARSKI Date: 12/2/96 (813) 536-3058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRREG40 (12/95)