

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION**  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 FEB 19 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000054638**

1. Corporation Name  
**Amberly Enterprise Inc.**

2. Principal Office Address **#3**  
**2210 34<sup>TH</sup> WAY NO**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**10959 109<sup>TH</sup> LN NO.**  
Suite, Apt. #, etc.

City & State  
**Largo FLA**  
Zip  
**33771**  
Country  
**Pinellas**

City & State  
**Largo FLA**  
Zip  
**33778**  
Country  
**Pinellas**

**2001-2002 UBR**

4. Date Incorporated or Qualified To Do Business in Florida **1993**  
5. FEI Number **593196220** 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 **William S Bellsiano**  
Street Address (P.O. Box Number is Not Acceptable)  
**10959 109<sup>TH</sup> LANE NO.**  
Suite, Apt. #, Etc.  
City **Largo**

**300005064933-1**  
**-03/07/02--01068--004**  
**\*\*\*300.00 \*\*\*300.00**

State **FL** Zip Code **33778**

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 **William S Bellsiano CEO**  
REGISTERED AGENT MUST SIGN

Date **2/5/02**

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	William Bellsiano	10959 109 <sup>TH</sup> LN NO	Largo FL 33778

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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]** CEO Date **2/5/02** 727 5959460 Daytime Phone #

CR2E081 (9/01)

2052

2/5/02

TO WHOM IT MY CONCERN,

RE: CORP. # P93000054638

AMBERRY ENTERPRISES INC.

2210 34th. WAY NO. #3

LARGO,FLA 33771

MAILING ADDRESS: 10959 109th LANE NO. LARGO,FLA 33778

727-397-7917 CONTACT DEBBIE BELLSIANO

I called beginning of Jan. 2002 to check on renewal form. I was told to give it till the end of Jan. I called 1-23-02 spoke with Tyrone at this time I was told 2001 renewal was never paid and notice was returned to you x2 for wrong address. I confirmed with Tyrone our mailing address and at this time is correct. He informed me to order a reinstatement form send that and a letter explaining 2001 form was never recieved and ask that the late fee be dropped. He said to send \$300.00 and form to be reinstated .

ENCLOSED:

Check for \$300.00  
LETTER OF EXPLANATION  
REINSTATEMENT FORM

Thank-You for your  
attention to this matter.

*Debra Belliano*