

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:40

DOCUMENT # P95000085176

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

AMBUSH CHARTERS, INC.

300009633373
12/23/02--01042--008 **1650.00

2. Principal Office Address

5785 COPE LANE

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

Zip

34112

Country

USA

3. Mailing Office Address

5785 COPE LANE

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

Zip

34112

Country

USA

REINSTATEMENT

96-02

4. Date Incorporated or Qualified
To Do Business in Florida

11-06-95

5. FEI Number

65-0621267

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

PAULINE R. THOMAS

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

5785 COPE LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

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

Pauline R. Thomas

Date 12-19-02

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
P	BYRON C. THOMAS	5785 COPE LANE	NAPLES FL. 34112
V	PAULINE R. THOMAS	5785 COPE LANE	NAPLES FL. 34112

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.

BYRON C. THOMAS

SIGNATURE:

Byron C. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-02 239-775-4906

Date

Daytime Phone #

CR2ED01 (8/01)