

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

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97 FEB -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087398**

1. Corporation Name

AMBASSADOR ARTS, INC.

96-97 Annual Report

Principal Place of Business

117 WORTH COURT SOUTH
W PALM BEACH FL 33405

Mailing Address

117 WORTH COURT SOUTH
W PALM BEACH FL 33405

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1995

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
<i>PS</i>	KIMBALL, SALLY H	% 117 WORTH COURT SOUTH	W PALM BEACH FL 33405
			800002085138--4 -02/12/97--01064--009 *****375.00 *****375.00
			800002085138--4 -02/12/97--01064--010 *****8.75 *****8.75
			<i>A Alan</i> <i>2-6-97</i>

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD
SUITE 211
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name *KIMBALL, SALLY H*
Street Address (P.O. Box Number is Not Acceptable)
117 WORTH CT. SOUTH
Suite, Apt. #, Etc.

City *West Palm Beach* State **FL** Zip Code **33405**

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

REGISTERED AGENT MUST SIGN

Date *9-20-96*

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLY H. KIMBALL 9-20-96 (861) 659-3122

Date

Daytime Phone #

CR20040 (7/96)