

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 FEB -5 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P96000007806

1. Corporation Name

AMBROSIA (USA), Inc

2. Principal Office Address

1209 SW 131 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33184

Country

USA

3. Mailing Office Address

1209 SW 131 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33184

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1996

5. FEI Number

65-0649680

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

HECTOR S. MARTINEZ

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

1209 S.W 131 PLACE

000003746690-1
-02/22/01-01008-026

Suite, Apt. #, Etc.

***908.75 ***908.75

City

MIAMI, FLORIDA

State

FL

Zip Code

33184

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

REGISTERED AGENT MUST SIGN

Date Jan. 30, 2001

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/S	HECTOR S. MARTINEZ	1209 SW 131 PLACE	MIAMI, FL. 33184
T	JENNIE T. MARTINEZ	1209 SW 131 PLACE	MIAMI, FL. 33184

REINSTATEMENT 2000-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 2001 (305) 229 7354
Date Daytime Phone #

CR2E081 (9/00)