

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 19 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011172

1. Corporation Name

L'Ambiance Rentals Inc.

2. Principal Office Address

8695 College Pkwy

Suite, Apt. #, etc.

#303

City & State

Fort Myers, FL

Zip

33919

Country

USA

3. Mailing Office Address

8695 College Pkwy

Suite, Apt. #, etc.

#303

City & State

Fort Myers, FL

Zip

33919

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/05/1996

5. FEI Number

650640753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

A.G. Ramsey

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

12700 Washburn Drive

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33905

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

A.G. Ramsey
REGISTERED AGENT MUST SIGN

Date

05/14/03

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	Dieter Klees	8695 College Pkwy #303	Fort Myers, FL 33919
VP	Patricia Klees	8695 College Pkwy #303	Fort Myers, FL 33905

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:

Patricia E. Klees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-14-03 239 694 3251

Daytime Phone #

CR2E081 (10/02)

7/5/23