

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000070396

FILED  
Oct 06, 2005  
Secretary of State

**Entity Name:** AMBINDER STRATEGIC CONSULTING, INC.

**Current Principal Place of Business:**

616 E. ALTAMONTE DRIVE  
STE 100  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

616 E. ALTAMONTE DRIVE  
STE 100  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3399572      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMBINDER, ROY  
616 E. ALTAMONTE DRIVE  
STE 100  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROY AMBINDER, M.D.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**.

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** AMBINDER, ROY M.D.  
**Address:** 616 E. ALTMONTE DR, STE 100  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY AMBINDER, M.D.

Electronic Signature of Signing Officer or Director

P

10/06/2005

Date