

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000012507			
1. Corporation Name AMPAKA INC.			
2. Principal Office Address 3635 31st AVE SW Suite, Apt. #, etc.		3. Mailing Office Address 3635 31st AVE SW Suite, Apt. #, etc.	
City & State NAPLES, FL.		City & State NAPLES, FL.	
Zip 34117	Country USA	Zip 34117	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 2/7/97		REINSTATEMENT 99-04	
5. FEI Number 59-3526263		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒		\$2.75. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Laidlaw-Bell, Jean			
Street Address (P.O. Box Number is Not Acceptable) 3635 31st AVE SW			
Suite, Apt. #, Etc.			
City NAPLES		State FL	Zip Code 34117
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.			
Signature of Registered Agent J. Laidlaw Bell		Date 6/17/04	
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/D	DOROTHY LANLOR HUDSON	3635 31st AVE SW	NAPLES, FL. 34117
VP/D	JEAN LAIDLAW BELL	3635 31st AVE SW	NAPLES, FL. 34117
VP/D	CHRIS LAIDLAW BELL	3635 31st AVE SW	NAPLES, FL. 34117
VP/D	MICHAEL DAVIES	3771 29th AVE SW	NAPLES, FL. 34117
VP/D	MANDY DAVIES	3771 29th AVE SW	NAPLES, FL. 34117
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 807.0401 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: J. Laidlaw Bell		Date 6/17/04	Daytime Phone # 239-353-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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