
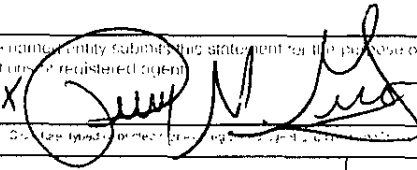
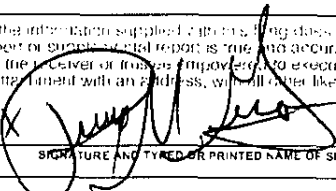


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR -2 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022196					
1. Entity Name AMBU-VAN INC.					
Principal Place of Business 1662 INDEPENDENCE BLVD SARASOTA, FL 34234			Mailing Address 1662 INDEPENDENCE BLVD SARASOTA, FL 34234		
2. Principal Place of Business - No P.O. Box # 1366 ROBERTS BAY LN		3. Mailing Address 1366 ROBERTS BAY LN			
<small>Sub: Art #, etc.</small>		<small>Sub: Art #, etc.</small>			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 91-1891548	
Zip 34242		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERO, PENNY 1662 INDEPENDENCE BLVD SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name GERO, PENNY Street Address (P.O. Box Number is Not Acceptable) 1366 ROBERTS BAY LN City SARASOTA FL Zip Code 34242			
8. 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. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE: 				DATE: 2/25/09	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P GERO, PENNY 1662 INDEPENDENCE BLVD SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	P GERO, PENNY 1366 ROBERTS BAY LN
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied is true, being duly sworn, and that I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, which shall be like empowered.					
SIGNATURE:  Penny M. Gero 2/25/09					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

3/3aw