PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000035599

1. Corporation Name

Principal Place of Business

17690 S. DIXIE HIGHWAY

STE. A

A AMBASSADOR MORTGAGE, INC.

E, INC.

Mailing Address

STE. A

17690 S. DIXIE HIGHWAY





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIAMI FL 3		ncorrect in any way, line th	MIAMI FL 331		correction below.	REIN	STATEME	W 02-03
		ddress, If Applicable	•	ing Office Address, If Applicable		Date Incorporated or Qualified		
to the state of						To Do Business in Florida - 04/20/1998		
Suite, Apt. #, etc. Suite, Apt. #				, etc.				
						5. FEI Number Applied For		
City & State City & St			City & State	a		65-0829280 Not Applicable		
Zip	,	Country	Zip	Count	ry	CERTIFICATE	OF STATUS DESIRED 💢 S	8.75 Additional Fee required for a Certificate of Status
7. Names a	and Street Add	resses of Each Officer and	or Director (Flor	rida nonprofit corpor	ations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
VST	ANDERSON, SAMANTHA			14040 MONROE STREET 20845 SW 85CT		MIAMIFL 33176 Miami, Fl	_ 33189	
P	ANDERSON, VERBERT A			14040 MONROE STREET 20845 SW 85 CT			MIAMI FL 33178	_ 33189
						30: 03/17/	00141043 0301005017	373 **900. <u>00</u>
						30	00141043	373
						03/17/	03==01005018 	**8.75
	8. Name	e and Address of Current	Registered Age	nt ~	9. Name and Address of New Registered Agent			
ANDERSON, VERBERT A 14040 MONROE ST. 20845 SW 85 MIAMI FL 33176 MIAMI, FL 33					Name			
				5 CT. Street Addr		s (P.O. Box Number is Not Acceptable)		
				201	Suite, Apt. #, Etc	Suite, Apr. #, Etc.		
					City		Sta F I	

CR2E040 (8/0

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent VerBICHUTURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/10/03

11. 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 governmental and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Daytime Phone #