

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

DOCUMENT # P98000102673

1. Corporation Name

Ambrose Environmental Industries Corp.

2. Principal Office Address

608 Hitchcock St

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Office Address

608 Hitchcock St.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3563297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Ambrose

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

608 Hitchcock

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

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

*Thomas Ambrose*

REGISTERED AGENT MUST SIGN

Date

3-5-02

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
CEO	JENNIFER Ambrose	608 Hitchcock St.	Plant City, FL 33566
CFO	Thomas Ambrose	608 Hitchcock St	Plant City, FL 33566

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jennifer Ambrose* JENNIFER Ambrose

Date

3/5/02

Daytime Phone #

419-466-8774

CR2081 (9/01)