

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015653

1. Corporation Name

Ambassador Enterprises Company

2. Principal Office Address

10005 W Emerald Coast Parkway

Suite, Apt. #, etc.

10004

3. Mailing Office Address

3642 Peachtree Road NE

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Atlanta, GA

Zip
32541

Country
USA

Zip
30319

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 02-16-1999

5. FEI Number
593556992

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

Glen Jordan

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

808 Harbor Land LANE

Suite, Apt. #, Etc.

City

Destin

State
FL

Zip Code
32541

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

REGISTERED AGENT MUST SIGN

Date 29 MAR 04

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
D	Frank B. Bradshaw III	3642 Peachtree Rd NE	Atlanta, GA 30319
O	Glen Jordan	808 Harbor Land LANE	Destin, FL 32541

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)(l), 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

03/24/2004

Date

404-233-1676

Daytime Phone #

CR2E081 (01/04)