


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 16 AM 9:30

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000004139

1. Corporation Name
C Camp, Inc.

2. Principal Office Address 1413 SO H ST		3. Mailing Office Address SAME AS #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State LAKE WORTH, FL	
Zip 33460	Country USA	Zip 33460	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/14/2001

5. FEI Number 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
ERICKA HADDEN

800038046408
06/17/04--01043--001 **367 50

Street Address (P.O. Box Number is Not Acceptable)
6475 SEMINOLE CIRCLE

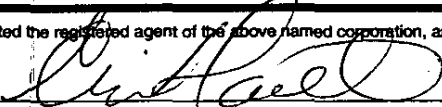
Suite, Apt. #, Etc.

City
LANTANA

State
FL

Zip Code
33462

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.

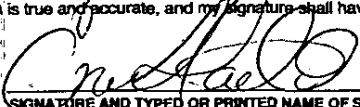
Signature of Registered Agent  Date 6-10-04

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
D/C	JOHN E FRONTINO	6316 HARBUR CLUB DRIVE	LAKE WORTH, FL 33467
D/V/P	KEVIN COOPER	119 THOMASON AVE	DATONA BEACH, FL 32117
D	STACY TAYLOR-SMALLS	345 N HAVERHILL RD.	WEST PALM BEACH, FL 33415
D/M	RUTH LORAIN PENN	728 NORTH M STREET	LAKE WORTH, FL 33460
D/T	DELORIS COOPER	1413 SO. H ST	LAKE WORTH, FL 33460
D/P	ERICKA HADDEN	6475 SEMINOLE CIRCLE	LANTANA, FL 3462

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:  Ericka Hadden Date 6-10-04 Daytime Phone # 561-432-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)