

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 AUG -3 AM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000031674

1. Corporation Name

First and Ten Camps, Inc.

100159190291  
08/03/09--01005--024 \*\*1058.75  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

14846 Pinnacle Place

Suite, Apt. #, etc.

3. Mailing Office Address

14846 Pinnacle Place

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34119

Country

USA

Zip

34119

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

3/2/2006

5. FEI Number

20-44536732

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

Lawrence Capasso

Street Address (P.O. Box Number is Not Acceptable)  
14846 Pinnacle Place

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34119

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Lawrence Capasso*

Date July 31, 2009

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
Pres/D	Lawrence Capasso	14846 Pinnacle Place	Naples, FL 34119

**REINSTATEMENT**

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 contained in Chapter 119, 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:

*Lawrence Capasso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/2009

Date

(239) 682-0285

Daytime Phone #

**RH**