


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAR -4 PM 2:24

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003414

1. Corporation Name
CAMM EDUCATIONAL ENTERPRISES INC.

2. Principal Office Address		3. Mailing Office Address	
<u>ONE FINANCIAL PLAZA</u>		<u>ONE FINANCIAL PLAZA</u>	
Suite, Apt. #, etc. <u>STE-150</u>		Suite, Apt. #, etc. <u>STE-150</u>	
City & State <u>FT. LAUDERDALE FL.</u>		City & State <u>FT. LAUDERDALE FL.</u>	
Zip <u>33394</u>	Country <u>USA.</u>	Zip <u>33394</u>	Country <u>USA.</u>

4. Date Incorporated or Qualified To Do Business in Florida 11/4/1992

5. FEI Number 65-0387741

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Anthony Ajakie

Street Address (P.O. Box Number is Not Acceptable) 2460 NE 46th STREET

Suite, Apt. #, Etc.

City Lighthouse Point

State FL Zip Code 33064

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 Anthony Ajakie Date 2/27/2003

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
<u>DPS</u>	<u>ANTHONY AJAKIE</u>	<u>2460 NE 46th ST.</u>	<u>Lighthouse Point FL 33064</u>
<u>DVT</u>	<u>CADILLE AJAKIE</u>	<u>2460 NE 46th ST.</u>	<u>Lighthouse Point FL 33064</u>

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: Anthony Ajakie Anthony Ajakie 2/27/2003 954-462-7746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

CAMM EDUCATIONAL ENTERPRISES, INC.



2/27/2003

Please note:

As per your phone instructions, the attached reinstatement form is being submitted along with a check for \$300.00. The check is for 2002 and 2003.

The 2002 was not filed due to the fact that we moved and never received the 2002 data.

If there are any problems, please call me at 954-462-7746.

Thank You,

Tony Ajakie
Tony Ajakie