

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 19 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M 75941*

1. Corporation Name

CAMP DEVELOPMENT CORP.

900186619279
10/13/10--01005--013 **2250.00

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

3618 NE 2ND AVE

3. Mailing Office Address

3618 NE 2ND AVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI

City & State

MIAMI

Zip

33137

Country

DADE

Zip

33137

Country

DADE

REINSTATEMENT
0228081 (6/10)

1999-2010

4. Date Incorporated or Qualified To Do Business in Florida

4/11/1988

5. FEI Number

650078493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

900186619279
10/19/10--01007--009 **150.00

7. Name and Address of Current Registered Agent

Name

Kay Statz

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

3618 NE 2ND AVE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33137

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date *9/24/2010*

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
<i>PTD S:</i>	<i>Kay Statz</i>	<i>3618 NE 2ND AVE</i>	<i>MIAMI, FL 33137</i>

10. E-mail Address:

CAMPBAU@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

9/24/2010

Daytime Phone #