

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 30 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 395353

1. Corporation Name

KAMP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 472
PINELLAS PARK FL 34064-0472

P.O. BOX 472
PINELLAS PARK FL 34064-0472



REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11425-60TH LANE N.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11425-60TH LANE N.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

02/07/1972

5. FEI Number

50-1378739

Applied For

Not Applicable

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

Zip

33782

Country

PINELLAS

Zip

33782

Country

PINELLAS

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	KAMP, JOHN A SR	11425 60TH LANE N	PINELLAS PARK FL 34064
T	KAMP, JOHN A.	10851 ENDEAVOR WAY	LARGO FL

900001998319--7

11/07/96 01005-019

****383.75 ****383.75

8/2/94

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAMP, JOHN A SR
11425 60TH LANE N.
PINELLAS PARK FL 34064

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] REGISTERED AGENT MUST SIGN

Date 9/14/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/96
Date

813-518-1047
Daytime Phone

CR20040 (7/95)