

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 24 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 577343

1. Corporation Name

CAMERON GROVES, INC.

Principal Place of Business

707 PARKER DRIVE
TALLAHASSEE FL 32303
US

Mailing Address

707 PARKER DR.
TALLAHASSEE FL 32303

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1978

5. FEI Number

59-1831097

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	MORRIS, FLORENCE C	4449 MEANDERING WAY #424	TALLAHASSEE FL 32308
ST	COULTER, MELINDA M	707 PARKER DR.	TALLAHASSEE FL 32303
VP	HAYMAN, JANE C	2249 DE ORO CT	CLEARWATER FL 33764
VP	HAYMAN, JOYCE L	3660 E BAY DR 1514	LARGO FL 33771
<p>200003454877-9 -11/07/00-01054-007 ***750.00 ***750.00</p>			

REINSTATEMENT

2600

8. Name and Address of Current Registered Agent

MYERS, C.B.
130 E. CENTRAL AVE.
LAKE WALES FL 33853

9. Name and Address of New Registered Agent

Name
Melinda Coulter
Street Address (P.O. Box Number is Not Acceptable)
707 Parker Dr
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32303

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/00

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 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

Melinda Coulter, Secretary/Treasurer

Date

10/24/00

Daytime Phone

850/885-6367

CR2E040 (8/00)