

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -7 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640046

1. Corporation Name

CAMNER AND ASSOCIATES, PROFESSIONAL
ASSOCIATION

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

550 Biltmore Way

Suite, Apt. #, etc.

700

City & State

Coral Gables

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

33134

Country

USA

700163383067
12/07/09--01066--015 **1800.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/1979

5. FEI Number

59 1928550

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

ALFRED R. CAMNER

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

550 Biltmore Way

Suite, Apt. #, Etc.

700

City

Coral Gables

State

FL

Zip Code

33134

☐ 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

REGISTERED AGENT MUST SIGN

Date 12/4/2009

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
DC	Alfred R. Camner	550 Biltmore Way, 700	Coral Gables, FL 33134
P	Marc Lipsitz	550 Biltmore Way, 700	Coral Gables, FL 33134
	R12/8		

10. E-mail Address: EECAMNER@CLPLAW.NET

(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, and 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/09

Daytime Phone #