

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 668677

1. Corporation Name

PRODUCTS BY CAMEO, INC.

Principal Place of Business

Mailing Address

~~1001 PREMIER ROW~~
~~PO BOX 590388~~
ORLANDO FL 32809
US

~~1001 PREMIER ROW~~
PO BOX 590388
ORLANDO FL 32859
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1282 LaQuinta Dr. #8

Suite, Apt. #, etc.

P.O. Box 590388

City & State

ORLANDO Florida

City & State

ORLANDO Florida

Zip

32809 ORANGE

ORANGE

Zip

32859 ORANGE

ORANGE

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1980

5. FEI Number

43-0949041

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
STD	SCHMIDT, JUDITH A.	211 TALMEDA TRAIL	MAITLAND FL
PD	SCHMIDT, LEONARD L.	211 TALMEDA TRAIL	MAITLAND FL
			300003478623--3
			-11/28/00--01079--021
			***150.00 ***150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHMIDT, LEONARD L
211 TALMEDA TRAIL
MAITLAND FL 32751

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

REGISTERED AGENT MUST SIGN

Date 10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012



To: Florida Department of State
Katherine Harris
Secretary of State

From: Leonard Schmidt

Date: October 12, 2000

Reference: Request for Relief From Reinstatement Fee

I am protesting the \$600 Reinstatement Fee Products By Cameo, Inc. has paid because we never received the first or second notice annual reports/uniform business reports.

Some redress should be provided to corporations who have not filed their annual reports because of either the failure of the Postal Service to deliver notices issued by the Department of State or by the failure of the Department of State to send such notices. No viable corporation would knowingly fail to file the reports necessary to keep their corporation active.

Your consideration of this request respectfully requested.