

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001040

1. Corporation Name

MCKAMP REALTY CORPORATION

Principal Place of Business

Mailing Address

350 NORTHWEST 39TH AVE., SUITE C
GAINESVILLE FL 32609

350 NORTHWEST 39TH AVE., SUITE C
GAINESVILLE FL 32609

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

2. New Principal Office Address, If Applicable

350 NW 39th Ave

Suite, Apt. #, etc.

Unit B

City & State

Gainesville, FL

Zip

32609

Country

US

3. New Mailing Office Address, If Applicable

350 NW 39th Ave

Suite, Apt. #, etc.

Unit B

City & State

Gainesville, FL

Zip

32609

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2000

5. FEI Number

11-3380078

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTCD	MCDERMOTT, DENNIS	350 NORTHWEST 39TH AVE., SUITE C	GAINESVILLE FL 32609
PSD	KAMP, LAWRENCE	350 NORTHWEST 39TH AVE., SUITE C	GAINESVILLE FL 32609

800023912018

10/17/03--01080--016 **758.75

8. Name and Address of Current Registered Agent

KAMP, LAWRENCE
350 NW 39TH AVENUE
UNIT C
GAINESVILLE FL 32609

9. Name and Address of New Registered Agent

Name

Dennis McDermott

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

350 NW 39th Ave

Suite, Apt. #, Etc.

Unit B

City

Gainesville

State

FL

Zip Code

32609

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/03

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

10/16/03

Daytime Phone #

CR2E040 (7/03)