

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 15 PM 6:42

DOCUMENT # **F97000005926**

1. Corporation Name

**CAMILLE, INC.**

Principal Place of Business

Mailing Address

~~3229 FLAGLER AVENUE - SUITE #107~~  
 KEY WEST FL 33040

~~3229 FLAGLER AVENUE - SUITE #107~~  
 KEY WEST FL 33040



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

~~309 Petronia St.~~  
 Suite, Apt. #, etc.  
**Suite 2**

3. New Mailing Office Address, If Applicable

~~1101 Flagler Ave.~~  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

~~11/10/1997~~

Suite, Apt. #, etc.

City & State  
**Key West, FL**

Suite, Apt. #, etc.

City & State  
**Key West, FL**

5. FEI Number

~~41-1546 835~~  
**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

**33040 Monroe**

Zip

Country

**33040 Monroe**

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
<del>6</del>	<b>BLATZ, CAMILLE</b>	<del>1105 FLAGLER AVENUE</del>	<b>KEY WEST FL 33040</b>
<b>P/C</b>		<b>1101 Flagler Ave.</b>	
			<b>500004655435--3</b>
			<b>-10/26/01--01071--021</b>
			<b>****758.75 ****758.75</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BLATZ, CAMILLE**

~~3229 FLAGLER AVENUE - SUITE #107~~  
 KEY WEST FL 33040

Name

**BLATZ, Camille**

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

**1101 FLAGLER Ave**

Suite, Apt. #, Etc.

City

**Key West**

State

Zip Code

**FL**

**33040**

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

*Camille Blatz* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/11/01**

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)(l), 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:

*Camille Blatz* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/11/01**

Date

Daytime Phone #

CR2040 (8/01)