PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97050

1. Corporation Name

CAMRAS, INC.

FILED

00 FEB 18 PM 1:38

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Principal Place of Business Mailing Addre					ess				
1790 NW 83 STREET 1790 NW 83					STREET				
<b>#7</b>			<b>≱</b> 7	<b>#</b> 7					1915 B1851 B1811 B1811 1891,
MIAMI FL 33147 MIA			MIAMI FL 331	MIAMI FL 33147					N/M
			US	(Z			PRINCE	PATPAGEART	
			line through incorrect in	formation a	nd enter corre	ction below. 🔯		TATEMENT	
2. New Principal Office Address, If Applicable			3. New Mailir	New Mailing Office Address, If Applicable			To Do Busi	none in Florida	26/1982
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State			City & State	City & State			<b>59-2262099</b> Not Applicable		
Zip Country		Zip	Zip Coun			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
							<u> </u>	101	a Certificate of Status
7. Names	and Street Add		cer and/or Director (Flo	rida nonprof					
Title(s) Name of Officers and/or Directors			3		reet Address of Each ifficer and/or Director		City / State / Zip		
PSD	THOMAS, SAM			1790 NW 83 STREET		_		MIAMI FL	
FOU								1000031453301	
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····	8 Name	and Address of (	Current Registered Age	sistered Agent			9. Name and Address of New Registered Agent		
		and reduced on			N	lame.			
SANTANA, FRANCIS X.				Otroit Address of			(P.O. Box Number is Not Acceptable)		
28 WEST FLAGLER ST				Street Address (			O. Box Number	is Not Acceptable)	2 1
STE 400				Suite, Apt. #, Etc					
MIAMI FL 33130									
HERMIN FE CO TOO					C	Lity		FL State	Zip Code
10. I, bein	g appointed the	registered agent o	f the above named corpo	oration, am	familiar with a	nd accept the o	bligations of Sec		
Signature of		JAKE !	HINOS		EQUI	RED		Data 7 //(	100
Registered	Agent	1	REGISTERED AG	ENT MUST				Date	
						······································			A15 A1 A A A A A A A A A A A A A A A A A
this rei	nstatement app	dication, the reason on have been paid	for dissolution has been	eliminated, Juals listed (	, the corporate on this form de	e name satisfies o not qualify for	the requirement an exemption ur	apter 607 or 617, F.S. I further of sof section 607.0401 or 617.040 ander section 119.07(3)(i), F.S. Ti	)   r.S., that all lees

2/16/c 3059860159
Date Daytime Phone #