

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

04 DEC -9 PM 2:33
 040002435453
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # G04033

1. Corporation Name
 Cambas Investments, Inc.

2. Principal Office Address
 2045 Lawson Road

3. Mailing Office Address
 160 S. Route 17 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Clearwater, Florida

City & State
 Paramus, NJ

Zip
 34623

Country
 USA

Zip
 07652

Country
 USA

4. Date incorporated or Qualified
 To Do Business in Florida 10/12/1982

5. FEI Number
 59-2887497

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED See 75 Additional Fee Schedule for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name
 Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street
 Suite, Apt. #, Etc.
 City
 Tallahassee

State
 FL Zip Code
 32301

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

[Signature]

Jeanine Reynolds
 as its agent

Date 12-9-04

REGISTERED AGENT MUST SIGN

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
VP	ROSS Kinnear	160 S Route 17 North	Paramus, NJ 07652
Tr	ROSS Kinnear	160 S Route 17 North	Paramus, NJ 07652
Sec	ROSS Kinnear	160 S Route 17 North	Paramus, NJ 07652
Dir	ROSS Kinnear	160 S Route 17 North	Paramus, NJ 07652

10. 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)(b), 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:

Sharon Rosecross Authorized Rep

12/9/2004

713-286-2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #

040002435453

TOTAL P. 05

20
2

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

CAMBAS INVESTMENTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

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