

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <b>DOCUMENT # J60008</b><br>1. Entity Name<br><b>CAMP PINEWOOD, INC.</b>  |  |   |  |  |  | <b>FILED</b><br><b>04 DEC 13 PM 3:44</b><br>SECRETARY OF STATE<br>REINSTATEMENT<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>300 ORR'S CAMP RD<br/>% JACK LEVINE<br/>HENDERSONVILLE, NC 28792 US</b>   |  |   |  | Mailing Address<br><b>300 ORR'S CAMP RD<br/>% JACK LEVINE<br/>HENDERSONVILLE, NC 28762 US</b>                                    |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |   |  |
| 4. FEI Number<br><b>59-2781019</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>LEVINE, JACK<br/>11150 NW 33RD ST<br/>CORAL SPR, FL 33065<br/>11150 NW 33 STREET<br/>CORAL SPRINGS, FL 33065</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Jack Levine</i></u> DATE <u>11/20/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b>  |  |   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                     |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>LEVINE, JACK<br/>300 ORRS CAMP RD<br/>HENDERSONVILLE, NC</b> | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500042954605</b><br><b>11/23/04--01023--009 **150.00</b> |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>LEVINE, RONALD<br/>11150 NW 33 ST<br/>CORAL SPR, FL</b>      | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <i>Re 12/13</i>                                |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |  |  |   |  |
| SIGNATURE: <u><i>Jack Levine</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  | Date <u>11/20/04</u> Daytime Phone # <u>828-692-6239</u>   |  |   |  |