

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 05-06

FILED

06 JAN 20 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N04000001872</b> 1. Entity Name CAMARA AMERICANA DE COMERCIO, INC.			
Principal Place of Business 3501 W VINE ST STE 336 KISSIMMEE, FL 34741		Mailing Address 3501 W VINE ST STE 336 KISSIMMEE, FL 34741	
2. Principal Place of Business <b>5950 LAKEHURST DR.</b>		3. Mailing Address <b>5950 LAKEHURST DR.</b>	
Suite, Apt. #, etc. <b>SUITE 187</b>		Suite, Apt. #, etc. <b>SUITE 187</b>	
City & State <b>ORLANDO, FLORIDA</b>		City & State <b>ORLANDO, FLORIDA</b>	
Zip <b>32819</b>		Zip <b>32819</b>	
Country		Country	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VALDEZ, LUIS R 3501 W VINE ST STE 336 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name <b>LUIS VALDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>5950 LAKEHURST DR, SUITE 187</b> City <b>ORLANDO</b> FL Zip Code <b>32819</b>	
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.			
SIGNATURE		(NOTE: Registered Agent signature required when reinstating) DATE <b>01-11-06</b>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAMOS, LUIS 3501 W VINE ST STE 336 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAMOS, LUIS 5950 LAKEHURST DR, SUITE 187 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800066554948 02/24/06--01014--006 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE <b>01-11-06</b>	