

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

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DOCUMENT # N98000002993

1. Corporation Name

CAMP CADIMA CORPORATION

Principal Place of Business

1012 MALDONADO DR.
PENSACOLA BEACH FL 32561

Mailing Address

1012 MALDONADO DR.
PENSACOLA BEACH FL 32561

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

2. New Principal Office Address, If Applicable

3600 Menendez Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3600 Menendez Drive
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1998

5. FEI Number

59-3543337

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	KATES, JANE	1012 MALDONADO DR.	PENSACOLA BEACH FL 32561
D	LEHRMAN, MARTIN	4521 BOHEMIA DR.	PENSACOLA FL 32504
D	GOODMAN, ROSS	316 S. BAYLEN ST.	PENSACOLA FL 32501

8. Name and Address of Current Registered Agent

KATES, JANE
1012 MALDONADO DR.
PENSACOLA BEACH FL 32561

9. Name and Address of New Registered Agent

Name

ROSS GOODMAN

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

3600 Menendez Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/24/00

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/00

Date

Daytime Phone #

(850)
449-3579