

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 16 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000000599**

**1. Corporation Name**

Camp Frontier, Inc.

**2. Principal Office Address**

18050 US Hwy 301 S

Suite, Apt. #, etc.

**3. Mailing Office Address**

PO BOX 2555

Suite, Apt. #, etc.

**City & State**

Wimauma, FL

**City & State**

Riverview, FL

**Zip**

33598

**Country**

USA

**Zip**

33568

**Country**

USA

**REINSTATEMENT**

03-07

900028789829

02/16/04--01028--007 \*\*131.25

**4. Date Incorporated or Qualified  
To Do Business in Florida**

February 1, 1999

**5. FEI Number**

522153398

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Brian Collar

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

11249 McMullen Rd

**Suite, Apt. #, Etc.**

**City**

Riverview

State  
**FL**

Zip Code  
**33569**

**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

*Brian Collar*

Date **1/14/04**

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
D	Brian Collar	11249 McMullen Rd	Riverview, FL 33569
D	Sandra Narron	11534 Lowe Road	Largo, FL 33774
D	Dianne Collar	11249 McMullen Rd	Riverview, FL 33569

**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)(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:**

*Brian Collar*

**1/14/04**

**1-888-977-2267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



# CAMP FRONTIER

P.O. BOX 2555, Riverview, FL 33568  
1-888-977-2267 <http://campfrontier.com>

February 3, 2004

Department of State  
Div Of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting that the late fee and reinstatement fee be waved as I was not sent the necessary paperwork.

Please note that all future forms should be sent to PO BOX 2555, Riverview, FL 33568.

Thank you:

  
Brian Collar

