

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001365

1. Corporation Name

CAMPMATES.COM, INC.

Principal Place of Business

Mailing Address

3650 NORTH FEDERAL HWY STE 201
POMPANO BEACH FL 33064

3650 NORTH FEDERAL HWY STE 201
POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1999

5. FEI Number

65-0978069

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KIMMEL, SCOTT T	3650 NORTH FEDERAL HWY STE 201	POMPANO BEACH FL 33064

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIMMEL, SCOTT T
3650 NORTH FEDERAL HWY STE 201
POMPANO BEACH FL 33064

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10-19-00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00 (954) 784-1744

Date

Daytime Phone #

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SCOTT T. KIMMEL, P.A.

Attorney at Law

Venetian Isles Office Building
3650 North Federal Highway
Suite 201

Pompano Beach, Florida 33064

TEL: (954) 784-1744

FAX: (954) 784-9005

ADMITTED: FLORIDA AND NEW JERSEY BAR

October 19, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Campmates.Com, Inc.
Document No.: P00000001365
FEI No.: 65-0978069

Dear Sir/Madam:

With regards to the above referenced corporation, please be advised that the Annual Report for Campmates.Com was filed and mailed with a check in the amount of \$150.00 on April 28, 2000.

Pursuant to the conversation I had with a representative in your offices, I did not list the FEI number on my Annual Report, therefore, I am enclosing the Application for Reinstatement listing Campmates.Com, Inc., FEI Number.

Should you have any questions, please do not hesitate to contact the office.

Sincerely,


SCOTT T. KIMMEL, ESQ.