


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

02 JAN 31 AM 9:53

~~CORPORATION~~  
~~REINSTATEMENT~~



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

DOCUMENT # P00000089107

1. Corporation Name

CAMRON Inc.

100004911761--6  
-02/12/02--01055--001  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

134-82 SW 131<sup>st</sup> St.

3. Mailing Office Address

134-82 SW 131<sup>st</sup> St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL. Mi, FL.

City & State

Mi, FL.

Zip

33186

Country

USA

Zip

33186

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

09/20/2000

5. FEI Number

522270629

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

MARIA M. GRUSHA MANTA

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

134-82 SW 131<sup>st</sup> St.

Suite, Apt. #, Etc.

Miami

City

Miami

State

FL

Zip Code

33186

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

Maria M. Grusha Manta

REGISTERED AGENT MUST SIGN

Date

01/24/02

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
P. Patrick Nolan		149-96-SW 108 <sup>th</sup> Ter.	Mi, FL. 33196
J. John Rafter		149-96-SW 108 <sup>th</sup> Ter.	Mi, FL. 33196

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK NOLAN - PRESIDENT

Date

01/24/02

Daytime Phone #

305 969 2768

CR2E081 (9/01)

BB

**Camron Inc**  
**13482 SW 131 ST, Miami, Florida, 33186**  
**Tel: 305 9692768 Fax 305 2592855**

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23<sup>rd</sup> January 2002

Florida Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee  
Florida  
32314

Re: Company: Camron Inc - Document Number P00000089107

Dear Sirs

We were astonished to receive notice of Dissolution or Revocation. The documents where sent to Dublin Ireland. It was only through one of us knowing the local postmaster that we eventually received the document by fax yesterday.

We have had an office here in Miami and have been conducting business here in since October 2000. We were never notified or received any documentation from the Division of Corporation till yesterday. It would appear your office incorrectly addressed the letters; this is not your fault as our former agents gave you the address.

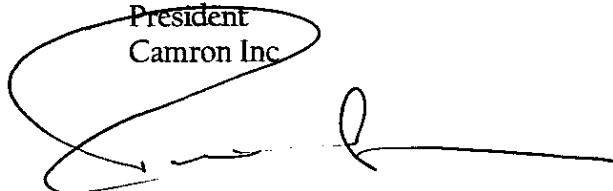
Having spoken with an examiner yesterday we would ask you to wave the reinstatement fee as we genuinely did not receive any documents till yesterday and we have now implemented a new Agent to ensure that we comply with all documentation requirements both present and future.

We attach the reinstatement form with check for \$300  
Change of Agent form and \$ 35.

We wish to thank you in advance for your co-operation and assure you of ours.

Yours truly,

Patrick Nolan  
President  
Camron Inc

A large, stylized handwritten signature in black ink, appearing to be 'P. Nolan', is written over the typed name and title.