

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000092669

1. Corporation Name

CAMALIS ENTERPRISES INC.

2. Principal Office Address

25425 SW 157 AVE.

3. Mailing Office Address

25425 SW. 157 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL.

City & State

HOMESTEAD, FL.

Zip

33031

Country

U.S.A.

Zip

33031

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 2=200

5. FEI Number

65-1042769

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

CAMILO A. SUAREZ

900005507689-8

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

25425 SW. 157 AVE.

-05/14/02-01011-005

****908.75 ****908.75

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33031

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

Date

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
Pres	Camilo Suarez	25425 SW 157 AVE.	Homestead Fl. 33031
V.C.	Maria I. Tovar	25425 SW 157 AVE.	Homestead Fl. 33031
S.T.D.	Lissy P. Borda	25425 SW 157 AVE.	Homestead -33031

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

Date

04/24/02 (305)247-9947

Daytime Phone #

CR2E081 (9/01)