


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                     |   |   |
|-------------------------------------|---|---|
| APPLICATION<br>FOR<br>REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------|---|---|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 31 PM 3:41

DOCUMENT # P00000103126

1. Corporation Name

ADVENTURECAMERAMAN.COM, INC.

Principal Place of Business

Mailing Address

22532 SEA BASS DRIVE  
BOCA RATON FL 33428

22532 SEA BASS DRIVE  
BOCA RATON FL 33428



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1052867

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| President     | Keith R Smith                             | 22532 Sea Bass Dr                                      | Boca Raton, FL 33428    |
|               |   |  |                         |
|               |   |  |                         |
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300004694823--5  
-11/27/01--01036--003  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, KEITH R  
22532 SEA BASS DRIVE  
BOCA RATON FL 33428

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 Keith R Smith **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/23/2001

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: Keith R Smith **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/2001

Date

(561) 483-1697

Daytime Phone #

CR2E040 (8/01)

22532 Sea Bass Dr.  
Boca Raton, FL 33428

October 23, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Department of State:

- As per our phone conversation of Tuesday October 23, 2001 I have enclosed the application for reinstatement and a check for \$150.00. I have had numerous problems receiving my mail in the past year and have filed many complaints with the post office. I have only been in business for a year so I did not realize that I was missing mail from the Division of Corporations when I did not receive my Uniform Business Report form. The first notification that I received was the application for reinstatement. Please except the enclosed check and reinstatement application for my untimely Business Report and fees.

Thank you,



Keith Smith  
President  
AdventureCameraman.com, Inc.  
(561) 483-1697

Enclosures (2)