

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000043500

1. Corporation Name

HURRICANE RESTORATION & RENOVATIONS, INC  
JULIO E CAMPS  
4776 SW 75TH AVE

2. Principal Office Address

JULIO E CAMPS

3. Mailing Office Address

4776 SW 75TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FLORIDA

City &amp; State

MIAMI, FLORIDA

Zip

33155

Country

USA

Zip

33155

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida MAY 29, 2002

5. FEI Number

651102283

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

JULIO E CAMPS

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

6374 SW 139TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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 7/16/04

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
PSTD Camps,	Julio E.	6374 Southwest 139th Ct	Miami, FL 33183

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)(c), 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 7/16/04

Date

305-796-6284

Daytime Phone #

CR2004 10/10/04

2082

**HURRICANE RESTORATION & RENOVATIONS, INC**  
**4776 SW 75<sup>TH</sup> AVENUE • MIAMI, FL. 33155**  
**305-265-0332 • 305-265-0794 • 305-0864 Fax**

August 18, 2004

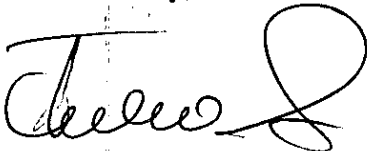
Division of Corporations  
Ruby Dunlap  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: No. P01000043500

On July 28<sup>th</sup>, I received your replied to a letter sent to your Department, in regards to the \$400.00 late fee and the yearly dues of \$150.00 ck# 376.

I would like to notify I did not receive the annual report notice. And as you see, I just answered the intent to cancel notice. My new Office manager received it and brought it to my attention right away. I hope that your Department can help me with this matter. I am

Sincerely,



Julio Camps  
Owner

JEC:gk

*[Faint, illegible text at the bottom of the page, likely a carbon copy or bleed-through from the reverse side.]*