

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000116813

1. Corporation Name

TEAM CAMP U.S.A., INC.

Principal Place of Business

3791 LOMA FARM RD.  
TALLAHASSEE FL 32308

Mailing Address

3791 LOMA FARM RD.  
TALLAHASSEE FL 32308

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/2001

5. FEI Number

95-4893447

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PONS, JOHN O JR	3791 LOMA FARM RD.	TALLAHASSEE FL 32308
D	PONS, KAY B	3791 LOMA FARM RD.	TALLAHASSEE FL 32308
D	PONS, JACQUELINE K	3791 LOMA FARM RD.	TALLAHASSEE FL 32308
D	PONS, KRISTY	3791 LOMA FARM RD.	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

CLARK, MAX T  
113 N. MADISON ST.  
QUINCY FL 32351

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10-24-02

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 24 2002

Date

850-922-6992

Daytime Phone #



FILED

02 OCT 30 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (802)

October 28, 2002

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

To Whom It May Concern:

Pursuant to my conversation with your office I am asking you to waive the \$600.00 reinstatement fee for our corporation, Team Camp USA, because I did not receive the Uniform Business Report. Accordingly to your notice, the corporation was filed December 10, 2001. We did not operate as a corporation until February of 2002 and did not realize that papers had been filed in December. I am enclosing the \$150.00 reinstatement fee as directed by your office. If you have any questions you can contact me at 850-668-7445.

Sincerely,



Jackie Pons  
Team Camp USA, Inc.  
3791 Loma Farm Road  
Tallahassee FL 32309  
850-668-7445