

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -4 PM 3:11

DOCUMENT # PO2000002068

1. Corporation Name

Camellias Development Corporation

2. Principal Office Address

60 Leslie Court

Suite, Apt. #, etc.

City & State

Mary Esther FL.

Zip

32569

Country

USA

3. Mailing Office Address

60 Leslie Court

Suite, Apt. #, etc.

City & State

Mary Esther FL.

Zip

32569

Country

USA

600024609586
11/12/03--01025--021 **150.00

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

260016343

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
Kevin Dunnam

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

Suite, Apt. #, Etc.

City
Mary Esther

State
FL

Zip Code
32569

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

Kevin Dunnam

REGISTERED AGENT MUST SIGN

Date 11-2-03

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
President	Kevin Dunnam	60 Leslie Court	Mary Esther FL. 32569
Secretary	Maxie Dunnam	1025 Lexington Ave.	Wilmore KY. 40390

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:

Kevin Dunnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-03

Date

850-225-0101

Daytime Phone #

CR2E081 (10/02)