

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 14 AM 8:00

DOCUMENT # **P02000071388**

1. Corporation Name

CAMCORDER CLINIC, INC.

Principal Place of Business

12157 W LINEBAUGH AVE
TAMPA FL 33626

Mailing Address

12157 W LINEBAUGH AVE
TAMPA FL 33626

REINSTATEMENT 03



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

06/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3691933

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HEFTEL, BRAD	10802 W HILLSBOROUGH AVE APT 1712	TAMPA FL 33615

8. Name and Address of Current Registered Agent

HEFTEL, BRAD
10802 W HILLSBOROUGH AVE APT 1712
TAMPA FL 33615

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

Brad Heftel
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Brad Heftel
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 800 613 5117
Date Daytime Phone #

CR2E040 (7/03)

Camcorder Clinic
12157 West Linebaugh Avenue
Tampa, Florida 33626

October 9, 2003


To Whom It May Concern:

This is in response to your letter of notice of dissolution/revocation of my corporation. The Camcorder Clinic Corporation did not receive the prior two business report UBR notices. We are sending in the completed application for reinstatement and the appropriate UBR filing fee of \$150.00. Please feel free to contact with any questions you may have at 800-613-5117.

Signed this date October 9, 2003



Brad Heftel



President of Camcorder Clinic Corporation