

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 9: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087798

1. Corporation Name

Cam Structures of Fl., Inc

2. Principal Office Address

P.O. Box 851

Suite, Apt. #, etc.

City & State

Webster FL

Zip

33597

Country

USA

3. Mailing Office Address

3159 SE 7th Pl

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34471

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/14/02

5. FEI Number

81-0563140

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

Michael Lowery

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

3159 SE 7th Pl

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Michael Lowery

Date

12-7-04

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| P/D | Michael Lowery | 3159 SE 7th Pl | Ocala FL 34471 |
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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:

Michael Lowery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-04

Daytime Phone #

352-694-1922

CR2E081 (01/04)