

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000025522

1. Entity Name
**CAMINO PALMS CONSTRUCTION AND PROPERTIES,
INC.**



FILED

05 NOV 23 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8111 N. COOLIDGE AVE
TAMPA, FL 33614 US

Mailing Address

8111 N. COOLIDGE AVE
TAMPA, FL 33614 US

2. Principal Place of Business

3524 VALENCIA COVE CT

Suite, Apt. #, etc.

3. Mailing Address

3524 VALENCIA COVE CT.

Suite, Apt. #, etc.



11012005 REIN-P CR2E098 (6/04)

City & State

LAND O' LAKES, FL

City & State

LAND O' LAKES, FL

4. FEI Number

20-0687238

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANES, JESUS A
8111 N. COOLIDGE AVE
TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name

JESUS A. MANES

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

3524 VALENCIA COVE CT

City

LAND O' LAKES

FL

Zip Code

34639

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/22/05

DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
NAME **MANES, JESUS A**
STREET ADDRESS **8111 N. COOLIDGE AVE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Change Addition
NAME
STREET ADDRESS **3524 VALENCIA COVE CT**
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

Signature and typed or printed name of signing officer or director

11/22/05

Date

Daytime Phone #