## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000107373

City-St-Zip:

MIRAMAR, FL 33023 US

Entity Name: CAMP COMMANDO JUVENILE BOOT CAMP. INC

FILED Oct 06, 2005 Secretary of State

CAMIF COMMANDO JOVENILE BOOT CAMIF, INC.					
Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
7840 PLAN MIRAMAR,	TATION BLVD FL 33023 (	Js			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7840 PLANTATION BLVD. MIRAMAR, FL 33023 US			13640 NW 19TH AVE UNIT #13 OPA LOCKA, FL 3305	4 US	
FEI Number:	54-2180856	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JACOBSON, STEWART 950 SO. FEDERAL HWY. HOLLYWOOD, FL 33020 US					
The above in the State		ubmits this statement for the po	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: STEWAR	Γ JACOBSON			
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, T () RUIZ, SERGIO 7840 PLANTATIO MIRAMAR, FL 3		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () REID, ERIC 360 S.W. 66 AVI MARGATE, FL		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	CALHOUN, RAY	Delete MOND IIZ, 7840 PLANTATION BLVD.	Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SERGIO RUIZ PT 10/06/2005