

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

07 JUL 20 AM 11:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P04000128698

1. Corporation Name

PCAM MOBILE, INC.

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #

800 CLOUD DAIRY LOOP

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

Zip

32825

Country

USA

Zip

Country

CRZE081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

9/10/2004

5. FEI Number

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

ROMMEL CHENET

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

800 CLOUD DAIRY LOOP

Suite, Apt. #, Etc.

SUITE A

City

ORLANDO

State

FL

Zip Code

32825

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

Date

7/19/07

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	ROMMEL CHENET	800 CLOUD DAIRY LOOP SUITE A	ORLANDO, FL. 32825

500106626955 07/24/07--01023--015 **450.00

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 contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/07

Daytime Phone #

321-947-0803

7/20