

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 15 AM 8:52

CREATED BY
TALLAHASSEE, FLORIDA

000104886410
06/26/07--01047--004 **308.75

11/28/06 01042 005 \$ 758.75

REINSTATEMENT 05-07
CR2E081 (1/01)

DOCUMENT # **PD4000150026**

1. Corporation Name

CAMACHO LEASING AND RENOVATIONS, CORP

W07-11478

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

8004 LAGOS DE CAMPO

Suite, Apt. #, etc.

105-C

City & State

TAMARAC

Zip

33321

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

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

11-01-2004

5. FEI Number

20-1832467

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

EDGAR CAMACHO

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

8004 LAGOS DEL CAMPO

Suite, Apt. #, Etc.

105-C

City

TAMARAC

State

FL

Zip Code

33321



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

REGISTERED AGENT MUST SIGN

Date

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 | EDGAR CAMACHO | 8004 LAGOS DEL CAMPO 105C | TAMARAC FL 33321 |
| VP | JOHANA MARTINEZ | 8004 LAGOS DEL CAMPO 105C | TAMARAC FL 33321 |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

060607 734 214 4387

Date

Daytime Phone #

7/6/18