

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -8 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000014051

1. Corporation Name

Jaynell M Smith-Cameron, DPM INC.

REINSTATEMENT 06-07

CR2E081 (1/07)

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

2550 Park Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Zip
32204

Country
Duval

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
81-0662715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rowland V. Williams

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

6411-1 Arlington Road

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32211

☒ 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

Rowland V. Williams
REGISTERED AGENT MUST SIGN

Date 11-08-07

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
CEO	Jaynell M. Smith-Cameron, DPM	P O Box 2588	Jacksonville Florida 32203
PTS	Jaynell M. Smith-Cameron, DPM	P O Box 2588	Jacksonville Florida 32203

700112456137

11/20/07--01020--006 **300.00

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:

Jaynell M. Smith-Cameron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAYNEL M. Smith-Cameron DPM 904-387-6433

Date

Daytime Phone #