

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 13 AM 10:38

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000118698

1. Corporation Name
FICAM, CORP.

REINSTATEMENT 06-10

900185633039
10/13/10--01022--007 **1350.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #
190 Island Dr.

3. Mailing Office Address
P.O. 4909 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

Zip 33149 Country US

Zip 33149-0926 US

4. Date Incorporated or Qualified
To Do Business in Florida August 25, 2005

5. FEI Number 27-3615895 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 Edward M. Fidalgo

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

Suite, Apt. #, Etc.

City Key Biscayne

State FL Zip Code 33149

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

Edward M. Fidalgo

Date 10/8/2010

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
D,P,S	Edward M. Fidalgo	190 Island Dr	Key Biscayne, FL 33149

10. E-mail Address: FICAMCORP@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Edward M. Fidalgo

Edward M. Fidalgo,
President

10/8/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20 10/14