

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000024957

FILED
Sep 28, 2009
Secretary of State

Entity Name: CAMERON & DECASTRO, P.A.

Current Principal Place of Business:

2431 ALOMA AVE.
SUITE 107
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622753
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 20-4371240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, JASON A ESQUIRE
2039 NOTWEN LANE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JASON CAMERON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMERON, JASON A ESQUIRE
Address: 2039 NOTWEN LANE
City-St-Zip: OVIEDO, FL 32765 US

Title: T () Delete
Name: DECASTRO, MARC D ESQUIRE
Address: 2039 NOTWEN LANE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: JASON CAMERON

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date