

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000075194

1. Corporation Name

KAMWOOD, INCORPORATED

Principal Place of Business

1120 PINELLAS BAYWAY  
TIERRA VERDE FL 33715  
US

Mailing Address

1120 PINELLAS BAYWAY  
TIERRA VERDE FL 33715  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1994

5. FEI Number

69-3271158

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KAMLADE, HANS	13037 GULF BOULEVARD	MADEIRA BEACH FL 33708
D	WOOD, PAUL S	13037 GULF BOULEVARD	MADEIRA BEACH FL 33708
			800003026949--3
			10/27/99--01093--010
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBSON, RICHARD A  
501 EAST KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Richard A. Jacobson*  
REGISTERED AGENT MUST SIGN

Date

Oct. 15, '99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

*Hans Kamlade*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 15, 99

Daytime Phone #

October 15, 1999

Department of State  
Division of Corporations  
P. P. Box 6327  
Tallahassee, FL 32314

Re: Kamwood, Inc.  
P94000075194

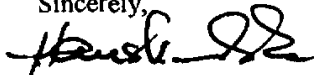
Dear Sir:

On April 23, 1999 I filed my 1999 Profit Corporation Annual Report and included check number 3621 in the amount of \$150.00. I have paid this filing fee timely each year. Unfortunately, I neglected to reconcile my bank statements and did not realize that the check was still outstanding. If I had known, I would have contacted your department to find out what the problem was. Apparently, both my check and the report were lost in the mail or on someone's desk. I did not keep a copy of the original filing. Enclosed please find copy of check stub and copy of cover of annual report.

I did NOT receive a second notice in June as I should have. My address has not changed and, if I had received this notice, I would have promptly replied and realized that the original had not been received as it should have been.

Also enclosed is Application for Reinstatement. I attach a check in the amount of \$150.00 and respectfully request that you waive the \$600.00 reinstatement fee.

Sincerely,



Hans Kamlade  
President

