

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -9 PM 3: 58

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092977**

1. Corporation Name

CAMcad Technologies, Inc.

100103278971
05/25/07--01012--006 **300.00

REINSTATEMENT 06-07
CR2E081 (1/07)

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

1016 Spring Villas Pte, #1000

3. Mailing Office Address

Same

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

City & State

Winter Springs

City & State

FL

Zip

32708

Country

Seminole

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-22-1994

5. FEI Number

59-3284488

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

Donald G. McKillop

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

4121 Leafy Glade Place

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

☒ 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

Don McKillop

REGISTERED AGENT MUST SIGN

Date **02-APR-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
PRES.	Donald G. McKillop	4121 Leafy Glade Place	Casselberry, FL 32707
VP	Alison Wildblood McKillop	4121 Leafy Glade Place	Casselberry FL 32707

\$7516

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:

Alison W McKillop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07

Date

407-221-5186

Daytime Phone #