

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009494

1. Corporation Name

PROCAM INC.

2. Principal Office Address

17038 W. Dixie Hwy
P.O. BOX 111307

3. Mailing Office Address

17038 W. Dixie Hwy
P.O. BOX 111307

Suite, Apt. #, etc.

APT. # 129

Suite, Apt. #, etc.

APT. # 129

City & State

N. miami Beach
MIAMI, FL

City & State

N. miami Beach
MIAMI, FL

Zip

33160
33111

Country

Zip

33160
33111

Country

4. Date Incorporated or Qualified -
To Do Business in Florida

1/31/95

5. FEI Number

65-0583586-

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

SAMUEL CORTEZ

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

P.O. BOX 111307 17038 W. Dixie Hwy

Suite, Apt. #, Etc.

APT. 129

City

MIAMI N. miami Beach

State

FL

Zip Code

33111 33160

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

Rob Shemery

REGISTERED AGENT MUST SIGN

Date

10/21/02

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
PD	CORTEZ, SAMUEL	17038 W. Dixie Hwy P.O. BOX 111307	N. miami Beach MIAMI, FL 33111 33160
		OL WBL	

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 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: *Rob Shemery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

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PROCAM, INC
P.O. BOX 111307
MIAMI, FL 33111

October 21, 2002

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

RE: Procaml, Inc.
FEI #65-0583586
Corporate Annual Report
Document #P95000009494

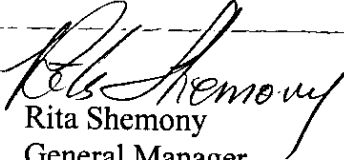
To Whom It May Concern:

Please find enclosed the Corporation Reinstatement Application (Form CR2E081) and a check in the amount of \$158.75.

The original Uniform Business Report was never filed because the company ceased operations at the beginning of the year (2002). Unfortunately, we were not receiving all of our mail and most of it has been returned.

For the above reason we request an abatement of the reinstatement fee of \$600.00 and have only paid the Annual Report Fee (\$150.00) and Certificate of Status Fee (\$8.75) for a total of \$158.75.

Very truly yours,


Rita Shemony
General Manager