

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 99 JUN 15 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 995000082916			
1. Corporation Name CAMW, INC.			
Principal Place of Business 2783 Capital Cir. NE Tallahassee, FL 32308		Mailing Address 2783-A Capital Cir. NE Tallahassee, FL 32308	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State N/A		City & State N/A	
Zip N/A	Country N/A	Zip N/A	Country N/A
4. Date Incorporated or Qualified To Do Business in Florida October 30, 1995		5. FEI Number 59-334015-0	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Carol W. Garvin	5366 Pembroke Pl.	Tallahassee, FL 32308
VP	Amy M. Garvin	1507 Fernando Dr.	Tallahassee, FL 32303
VP	Molly E. Garvin	5366 Pembroke Pl.	Tallahassee, FL 32308
Sec.	Wendy S. Garvin	3115 Ansley Park Dr.	Tallahassee, FL 32308
			400002910874--9 -06/21/99--01129--009 *****655.00 *****655.00
8. Name and Address of Current Registered Agent Carol W. Garvin 5366 Pembroke Pl. Tallahassee, FL 32308		9. Name and Address of New Registered Agent N/A	
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 Carol W. Garvin Date 6/7/99 REGISTERED AGENT MUST SIGN	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)	
12. 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: Carol W. Garvin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6-7-99 Date 386-5727 Daytime Phone #	

CR2E081 (12/98)

June 7,1999

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

RE: Application for Reinstatement

Gentlemen:

Enclosed please find our application for reinstatement for our corporation CAMW Inc.. We did not file the necessary papers to register yearly because to the best of our knowledge, we never received the proper forms. We are making the necessary adjustments to our procedures to insure that this does not happen in the future and are enclosing our check for \$655.00 for the necessary fees.

Thank You

Yours Truly,

Carol W Garvin
President, CAMW Inc.