

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000019235**

1. Corporation Name

**EICAM INDUSTRIES INC.**

Principal Place of Business

1915 WOODLAKE DR  
ORANGE PARK FL 32073  
US

Mailing Address

1915 WOODLAKE DR  
ORANGE PARK FL 32073  
US

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

2. New Principal Office Address, If Applicable

~~11250-21 OLD STAUGUSTINE RD~~

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**

Zip **32257** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/01/1996 SP**

5. FEI Number

**59-3364490**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	MURRAY, EUGENE I	1915 WOODLAKE DR	ORANGE PARK FL 32073
P	MURRAY, CATHY A	1915 WOODLAKE DRIVE	ORANGE PARK FL 32073

8. Name and Address of Current Registered Agent

**KING, DAVID A**  
**ATTORNEY AT LAW**  
**1416 KINGSLEY AVE**  
**ORANGE PARK FL 32073**

9. Name and Address of New Registered Agent

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

*David A King*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10-23-00**

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:

*Signature of Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/18/00**

Daytime Phone #

**904-268-3494**



**REINSTATEMENT**



FILED

00 OCT 25 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/00)