

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED

DOCUMENT # P96000023497

1. Corporation Name

CAM 1 INVESTMENTS, INC.

02 MAR 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4901 SOUTHWEST 75TH AVENUE
MIAMI, FL 33155

Mailing Address

4901 SOUTHWEST 75TH AVENUE
MIAMI, FL 33155



REINSTATEMENT

01-02

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

2. New Principal Office Address, If Applicable

~~12253 SW 130 St~~

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33186

Country
US

3. New Mailing Office Address, If Applicable

~~12253 SW 130 St~~

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33186

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1996

5. FEI Number

NOT APPLICABLE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	MARTINEZ, CLAUDIO A	4901 SOUTHWEST 75TH AVENUE	MIAMI FL 33155

7000005298847-2
-04/17/02--01068--012
****900.00 ****900.00

8. Name and Address of Current Registered Agent

BEDZOW, MICHAEL
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/26/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02

305-665-3825

CR2E040 (8/01)