
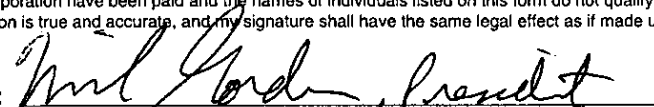


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 SEP 17 AM 8:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000028583					
1. Corporation Name CAM Gordon Inc.					
2. Principal Office Address 11607 Springridge Rd Suite, Apt. #, etc.			3. Mailing Office Address 11607 Springridge Rd Suite, Apt. #, etc.		
City & State Potomac, MD Zip 20854 Country U.S.A.			City & State Potomac, MD Zip 20854 Country U.S.A.		
			4. Date Incorporated or Qualified To Do Business in Florida 3/28/96		
			5. FEI Number 65-0658108		Applied For Not Applicable
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Mayo Street					
Suite, Apt. #, Etc.					
City Tallahassee				State FL	Zip Code 32301
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 _____ Date _____					
REGISTERED AGENT MUST SIGN					
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	
P	Michael Gordon	11607 Springridge Rd.		Potomac, MD 20854	
S	Rena P Gordon	11607 Springridge Rd		Potomac, MD 20854	
				200041260232 09/22/04--01059--007 **\$600.00	
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:  9/2/04 301-921-6661					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

CR2E081 (01/04)

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CAM GORDON INC.
11607 Springridge Road
Potomac, MD 20854

September 7, 2004

Florida Department of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: Document Number P96000028583

To Whom It May Concern:

Enclosed please find the completed Corporation Reinstatement form for CAM GORDON INC.

CAM GORDON INC. has not received the Annual Report filing notice for 2001 – 2004.
Please update your records so that we may receive the Annual Report filing notices.

Enclosed please find a check in the amount of \$600.00 which is to be applied to the Annual Report's filing fee's to be filed on record, which include: FY 2001, 2002, 2003 & 2004. Since we did not receive notices for 2001 – 2004, it is our understanding that no penalty is due.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Gordon", written over a horizontal line.

Michael Gordon