

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99AR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV 14 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000078299**

1. Corporation Name

CAM CONSTRUCTION INC. OF PALM BEACH

Principal Place of Business

**378 NE 42 ST
BOCA RATON FL 33431**

Mailing Address

**378 NE 42 ST
BOCA RATON FL 33431**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1996

5. FEI Number

**EIN:
45-0699525**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FIGUEROA, WILLIAM L	378 NE 42 ST	BOCA RATON FL 33431

**100002351201--4
-11/18/97--01098--007
****165.00 ****165.00**

8. Name and Address of Current Registered Agent

**FIGUEROA, WILLIAM L
378 NE 42 ST
BOCA RATON FL 33431**

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

REGISTERED AGENT MUST SIGN

Date **11/3/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(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:

William L. FIGUEROA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/97
Date
561-416-9309
Daytime Phone #

CR2E040 (8/97)

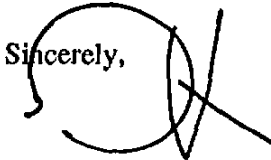
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November 4, 1997

To whom it may concern;

Enclosed please find a copy of the application and check I mailed to your department back on 2/6/97. It appears as if your department did not received it. I have been informed by your department to simply write this letter and re-send payment for corporation reinstatement.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'W' and 'F' intertwined.

William Figueroa, G.C.

ps. Tel. 561/416-9309