


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # **P97000025546**

1. Corporation Name

CAM SURGICAL, INC.

05 DEC -6 AM 9:58

SEAL
TALLAHASSEE, FLORIDA

99-05

2. Principal Office Address
8207 WOODROSE GLEN WAY

3. Mailing Office Address
8207 WOODROSE GLEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33647

Country
USA

Zip
33647

Country
USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida **03/17/1997**

5. FEI Number
59-3437145

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CHRISTOPHER A. MURPHY

Street Address (P.O. Box Number is Not Acceptable)
8207 WOODROSE GLEN WAY

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33647

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



REGISTERED AGENT MUST SIGN

Date **12/2/05**

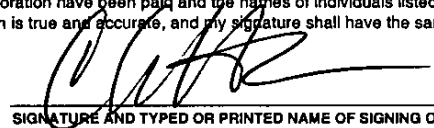
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHRISTOPHER A. MURPHY	8207 WOODROSE GLEN WAY	TAMPA, FL 33647

900061958549
12/06/05--01044--006 **1050.00

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/05

Date

(813) 971-1907

Daytime Phone #

James R. Kist, CPA, P.A.

Commerce Park Professional Center
5301 Technology Drive
Tampa, FL 33647
Office: (813) 972-3033 • Fax: (813) 972-9033

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James R. Kist
Certified Public Accountant

Ana Perez-Velasco, B.S.
Accountant

November 23, 2005

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

RE: Reinstatement of Corporation
Cam Surgical, Inc.

Dear Sir or Madam:

I am writing on behalf of my client, Cam Surgical, Inc., we have taken the responsibility of updating their financial records and found out that their corporate status has been inactive since 09-24-99. Upon verifying this information with our client, we learned that they were not aware of this situation. They do not recall ever receiving the annual reports.

We are enclosing a check for \$1050 to reinstate the corporation for the years 1999 through 2005. We ask you in advance that you abate the \$600 waiver fee.

If you have any questions, please do not hesitate to call me.

Sincerely,



James R. Kist, CPA
Enclosures (2)