

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 15 PM 12:01

DOCUMENT # P97000060519	
1. Entity Name C A M - S I L PROPERTIES, INC.	



Principal Place of Business 5200 SW ORCHID BAY DRIVE PALM CITY, FL 34990 US	Mailing Address 5200 SW ORCHID BAY DRIVE PALM CITY, FL 34990 US
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2. Principal Place of Business - No P.O. Box # 674-698 Bay Shore Blvd	3. Mailing Address 1562 Crowberry Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.



12042008 REIN-P CR2E098 (1/07)

City & State Port St. Lucie FL	City & State Sebastian FL
Zip 34985	Zip 32958
Country USA	Country USA

4. FEI Number 65-0766690	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAZZILLI, SILVESTER 5200 SW ORCHID BAY DRIVE PALM CITY, FL 34990	
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7. Name and Address of the Registered Agent	
Name Same	
Street Address (P.O. Box Number is Not Acceptable) 1562 Crowberry Lane	
City Sebastian	FL Zip Code 32958

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>John Mazzilli</i>	DATE 12/8/08
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FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZILLI, CAMILLE 131 ALICIA DRIVE NORTH BABYLON, NY 11703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800139015198 12/15/08--01027--011 **\$8.75 address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZILLI, FRANK 131 ALICIA DRIVE NORTH BABYLON, NY 11703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MAZZILLI, FRANK 131 ALICIA DRIVE NORTH BABYLON NY 11703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALZONE, CATHERINE 180 OCEAN AVE MASSAPEQUA, NY 11758	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZILLI, SILVESTER 131 ALICIA DRIVE NORTH BABYLON, NY 11703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Camille Mazzilli</i>	DATE: 12/8/08	DAYTIME PHONE: 631/321-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

12/15/08