

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065696

1. Corporation Name

CAMBLES, CORP.

99AR

Principal Place of Business

811 ABBOTT AVENUE
DELTONA FL 32725

Mailing Address

811 ABBOTT AVENUE
DELTONA FL 32725

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

2. New Principal Office Address, If Applicable

~~750 LK. WINNEMISSIT DR~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~750 LK. WINNEMISSIT DR~~
Suite, Apt. #, etc.

City & State

~~DELAND~~

City & State

~~DeLand FL~~

Zip

~~FL~~

Country

~~US~~

Zip

~~32724~~

Country

~~US~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director
1	2	3
PVD	CAM, LORNA P	811 ABBOTT AVENUE 750 LK. WINNEMISSIT DR
STD	ABELES, DAVID E	811 ABBOTT AVENUE 750 LK. WINNEMISSIT DR

8. Name and Address of Current Registered Agent

Name *Lorna*
Street Address (F)
~~750 LK~~
Suite, Apt. #, Etc.
City *De*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of this position.

Signature of
Registered Agent

Lorna P. Cam

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as per this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies all requirements, the debts and obligations owed by the corporation have been paid and the names of individuals listed on this form do not qualify for reinstatement. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lorna P. Cam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORNA P. CAM

FILED

99 DEC -2 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida		07/28/1997
5. FEI Number 59-3463664		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name(s) and Street Address(es) of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors.)

1. 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	4 City / State / Zip
PVD	CAM, LORNA P	811 ABBOTT AVENUE 750 LK. WINNEMISSETT	DELTONA-FL-32725 DeLand FL 32724
STD	ABELES, DAVID E	811 ABBOTT AVENUE 750 LK. WINNEMISSETT	DELTONA-FL-32725 DeLand FL 32724
			TS
			600003070396--5 -12/15/99--01009--011
			****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<p>CAM, LORNA P 841 ABBOTT AVENUE DELTONA FL 32725</p>		<p>Name <u>Lorna P. Cam</u> Street Address (P.O. Box Number is Not Acceptable) <u>750 1K. WINNEMISSETT DR</u> Suite, Apt. #, Etc.</p>	
		<p>City <u>DELAND</u></p>	<p>State <u>FL</u> Zip Code <u>32724</u></p>
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.</p>			
<p>Signature of Registered Agent <u>Lorna P. Cam</u></p>		<p>Date <u>11-27-99</u></p>	
<p>REGISTERED AGENT MUST SIGN</p>			

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

Loena P. Carr
REGISTERED AGENT

Date 11-27-99

REGISTERED AGENT MUST SIGN

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: Lorna P. Cam 11-26-89 04075740574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORNA P. CAM Date 11-26-89 Daytime Phone # 04075740574

November 24, 1999

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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RE: Reinstatement of Cambles Corp. and request of forbearance
on payment of reinstatement fee

Dear Sir or Madam:

Enclosed please find our corporate check in the amount of \$165.00 for an annual fee for Cambles Corp.

We understand that this fee was due no later than May 15, 1999 however through inadvertence notice of relocation of the corporate address from 811 Abbott Ave, Deltona, Florida 32725 to 750 Lake Winnemessett Dr., DeLand, Florida 32724 was not properly forwarded nor noted in the State's records. Further aggravating the situation is the failure of Cambles Corp. to receive our annual report package (probably because of the relocation), and the failure of the U.S. Postal Service to forward same. The first we became aware of the oversight and was upon receipt of the notice of delinquent filing which is completed and forwarded herewith.

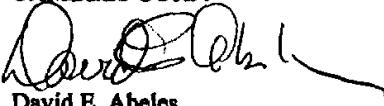
In conversation with a representative of your office, we have been led to believe there is a strong possibility of forbearance of the reinstatement fee. We are requesting that the State so forbear at this time.

I understand that this request for forbearance is a one time occurrence and that in the future, should Cambles neglect to provide the State timely with a change of address or otherwise fail to timely file its annual report, the full reinstatement fee will be due and owing upon subsequent reinstatement.

Thank you for your forbearance and attention to this matter. Should you require anything further please do not hesitate to contact us directly.

Sincerely,

CAMBLES CORP.


David E. Abeles
Vice President

DEA/tp