

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 19 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9700008248**

1. Corporation Name

CAM Architectural, Inc.

2. Principal Office Address

4881 Distribution Court

Suite, Apt. #, etc.

N/A

City & State

Orlando

Zip

32822

Country

U.S.A.

3. Mailing Office Address

4881 Distribution Court

Suite, Apt. #, etc.

N/A

City & State

Orlando

Zip

32822

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01 Feb. 1999

5. FEI Number

59.3534879

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

Terry Davis c/o Debra Hutton

Street Address (P.O. Box Number is Not Acceptable)

4881 Distribution Court

Suite, Apt. #, Etc.

N/A

City

Orlando

State
FL

Zip Code

32822

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 **6 May 2000**

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.D.	Terry Davis	4881 Distribution Court	Orlando, FL 32822
S.D.	David Davis	4881 Distribution Court	Orlando, FL 32822

REINSTATEMENT

98-00 TS

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

DAVID E. DAVIS

9 Jun 2000 (407) 277 1028

Date

Daytime Phone #