

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000100202

FILED
May 02, 2005
Secretary of State

Entity Name: CAMNER FAMILY CORPORATION

Current Principal Place of Business:

550 BILTMORE WAY
SUITE 700
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY
SUITE 700
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0853629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLER, NEALE J
C/O ALFRED R. CAMNER
550 BILTMORE WAY, SUITE 700
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: NEALE J POLLER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMNER, ALFRED R
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: CAMNER, ANNE S
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: CAMNER, DANIELLE
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: CAMNER, ERRIN
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: CAMNER, LAUREN
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERRIN CAMNER

V

05/02/2005

Electronic Signature of Signing Officer or Director

Date