

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 SEP -5 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DOCUMENT # P97000100202

1. Corporation Name

CAMNER FAMILY CORPORATION

2. Principal Office Address

550 BILTMORE WAY

3. Mailing Office Address

550 BILTMORE WAY

Suite, Apt. #, etc.

SUITE 700

Suite, Apt. #, etc.

SUITE 700

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

US

Zip

33134

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/21/1997

5. FEI Number

650853629

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

POLLER, NEALE J. C/O ALFRED R. CAMNER

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

550 BILTMORE WAY

Suite, Apt. #, Etc.

SUITE 700

City

CORAL GABLES

State

FL

Zip Code

33134

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

NEALE J. POLLER

Date

9/2/03

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
PD	ALFRED R. CAMNER	550 BILTMORE WAY, STE. 700	CORAL GABLES, FL 33134
STD	ANNE SHARI CAMNER	550 BILTMORE WAY, STE. 700	CORAL GABLES, FL 33134
V	DANIELLE CAMNER	550 BILTMORE WAY, STE. 700	CORAL GABLES, FL 33134
V	ERRIN CAMNER	550 BILTMORE WAY, STE. 700	CORAL GABLES, FL 33134
V	LAUREN CAMNER	550 BILTMORE WAY, STE. 700	CORAL GABLES, FL 33134

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

ERRIN CAMNER

9/02/03

Date

(305) 529-2943

Daytime Phone #

CR2E081 (9/01)