

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 26 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053187

1. Corporation Name

The Oldenkamp Corp.

2. Principal Office Address - No P.O. Box #

660 U.S. One

3. Mailing Office Address

Same

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

Zip

33408

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06-11-98

5. FEI Number

650850538

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

Haile, Shaw & Pfaffenberger, P.A.

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

660 US #1

Suite, Apt. #, Etc.

3rd Floor

City

North Palm Beach

State

FL

Zip Code

33408

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ellen L. Regnery

Ellen L. Regnery

Date 12/21/07

REGISTERED AGENT MUST SIGN

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	Richard P. Norton	c/o 660 US #1 3rd FL	North Palm Beach, FL
V/D	Cynthia Geer	5380 SE Acadia Terrace	Hobe Sound, FL 33408
S/D	Suzanne Elder	c/o 660 US #1 3rd FL	North Palm Beach, FL
T/D	Pamela J. Rhode	c/o 660 US #1 3rd FL	North Palm beach, FL

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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 contained in Chapter 119, 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:

Ellen L. Regnery

Ellen L. Regnery

VP

Date

12/21/07 627-8100

Daytime Phone #

12/28/07