

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

H 01 00 0098 069

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 11 AM 7:52

DOCUMENT # P98000072313

1. Corporation Name

CAMARI CORP.

Principal Place of Business

Mailing Address

815 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

815 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134



REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. 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
D	CAMEJO, EDUARDO	445 GRAND BAY DR. GRAND BAY APT.	KEY BISCAYNE FL 33149
D	CAMEJO, MARIA ELENA	445 GRAND BAY DR. GRAND BAY APT.	KEY BISCAYNE FL 33149

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AGUILERA, GUIDA A  
815 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

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)(b), 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

Date

Daytime Phone #

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Form SS-4

## Application for Employer Identification Number

(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0047

Expires 12-31-95

1 Name of applicant (Legal name) (See instructions.) <b>CARALI CORP.</b>		2 Trade name of business, if different from name in line 1 <b>N/A</b>		3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) <b>815 Ponce de Leon Blvd</b>		4b Business address, if different from address in lines 4a and 4b <b>Same</b>			
5a City, state, and ZIP code <b>Coral Gables, FL 33104</b>		5b City, state, and ZIP code			
6 County and state where principal business is located <b>MIAMI-DADE COUNTY, FLORIDA</b>					
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) <b>EDUARDO CAMEJO 267-72-2045</b>					
8a Type of entity (Check only one box.) (See instructions.)					
<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input type="checkbox"/> Other (specify) <input type="checkbox"/> (enter SSN if applicable)					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FLORIDA</b>		Foreign country	
9 Reason for applying (Check only one box.)					
<input checked="" type="checkbox"/> Started new business (specify) <input type="checkbox"/> Changed type of organization (specify) <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) <input type="checkbox"/> Created a trust (specify) <input type="checkbox"/> Banking purpose (specify) <input type="checkbox"/> Other (specify)					
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>8/17/98</b>		11 Enter closing month of accounting year. (See instructions.) <b>December</b>			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) <b>NO</b>					
13 Enter highest number of employees expected in the next 12 months. Notes: If the applicant does not expect to have any employees during the period, enter "0."				Nonagricultural	Agricultural
14 Principal activity (See instructions.)					
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used					
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A					
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.					
Legal name		Trade name			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.					
Approximate date when filed (Mo., day, year)		City and state where filed		Previous EIN	
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (Please type or print clearly.)		Business telephone number (include area code)			
<b>EDUARDO CAMEJO Director</b>		<b>305-445-8248</b>			
Signature: <b>Daney</b> Date: _____					
Note: Do not write below this line. For official use only.					
Preparer (leave blank)	Gen.	Ind.	Class.	Rev.	Reason for applying

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Internal Revenue Service  
Customer Service Center-Atlanta  
P. O. Box 47-421 Stop 751  
Doraville, GA 30362

Date: Feb 21-01

0716  
Tele-Tin Number: 770-455-2360  
Fax Number: 678-530-6156

Eduardo Carneiro  
815 Ponce de Leon Blvd  
Coral Gables, FL 33134

PLEASE  
RUSH

WE NEED  
IT URGENTLY

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
  - ☒ A. Corporation - President, Vice President, other principal officer or member of LLC.
  - B. Partnership - General partner or member of LLC.
  - C. Trust - Grantor/Trustor (person who established the trust).
  - D. Estate - Decedent on line 8a.
  - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
  - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
  - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
  - ☒ A. Corporation - Date business started or acquired.
  - B. Partnership - Date partnership agreement went into effect.
  - C. Trust - Date trust was created or funded.
  - D. Estate - Date of death of the decedent.
  - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.

TOTAL P.05

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9. Signature

- A. Corporation - President, V. President, other principal officer, or member of LLC.
- B. Partnership - General partner or member of LLC.
- C. Trust or Estate - Personal Representative, Executor, Administrator, or Fiduciary.
- D. Sole Proprietor, Owner
- E. Other - Any third party signing the Form SS-4 must include Form 2848 POA.

10. We have reviewed your Form SS-4. We are unable to assign you an Employer Identification Number, as you will not be filing any business tax returns. You are to use your social security number (SSN) on Schedule C, C-EZ, or F with your Form 1040 tax return. When issuing a Form 1099, you are to also use your social security number.

11. If you are filing as a Business or Unincorporated Trust, please indicate which of the tax forms: 1041, 1065 or 1120 you will file. If uncertain, you can request a private letter ruling for a determination of your tax classification from the Service under the procedures set forth in Revenue Procedure 98-1, 1998-1 LR. B. 7, at the following address: Internal Revenue Service  
Associate Chief Counsel Domestic  
ATTN: CC:DOM:CORP:T  
P. O. Box 7604  
Ben Franklin Station  
Washington, DC 20044

12. Due to disclosure regulations that strictly govern who may receive any tax-related information, we cannot issue or mail an Employee Identification Number to third parties without a Power of Attorney.

13. Any revocable trust created after January 1, 1981, in which grantor and trustee are the same individual, is not required to file Form 1041, and therefore, does not need an EIN for the trust. Grantor/Trustee will need to use his/her social security number and report all items of income, deduction and credit from the trust on Form 1040.

Other If you have employees, please provide address  
on line 12 + indicate number of employees  
on line 13

We apologize for any inconvenience and thank you for your cooperation.

Sincerely yours,

*Henry J. Duchamney*

Chief, Customer Service Branch II

Enclosure(s)  
Your Form SS-4  
Envelope

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(Rev. 05/2000)

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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To:  
Division of Corporations  
Fax Number : (850)205-0384

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**CORPORATION REINSTATEMENT**

**CAMARI CORP.**

Certificate of Status	0
Certified Copy	0
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