

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -6 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

500117244093

02/06/08--01014--004 **955.00

CR2E081 (12/07)

DOCUMENT # P99000054816

1. Corporation Name

CAMINITO WAY, INC

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

1960 NE 123 St

Suite, Apt. #, etc.

NORTH MIAMI, FL 33161

City & State

NORTH MIAMI, FL 33161

Zip

Country

Miami-Dade

3. Mailing Office Address

Same as # 2

Suite, Apt. #, etc.

City & State

Zip

Country

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

6/15/99

5. FEI Number

65-0930269

☐ 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

Daniel Coll

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

965 NE 128 St

Suite, Apt. #, Etc.

North Miami, FL 33161

City

State
FL

Zip Code

☒ 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

X *D. Coll*

Date 1/30/08

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
PD	Daniel Coll	926 NE 128 St	North Miami., FL 33161
STD	Lzura Coll	926 NE 128 St	North Miami, FL 33161

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:

X *D. Coll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/08

Daytime Phone #

216
ad