

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 18 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000084971**

1. Corporation Name

CAMERON OF TAMPA, INC

2. Principal Office Address

DR

4206 HOLLOW HILL

Suite, Apt. #, etc.

3. Mailing Office Address

4206 HOLLOW HILL DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33624

Country

USA

Zip

33624

Country

USA

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

9/24/1999

5. FEI Number

59-3605083

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

PAUL CHIN

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

4206 HOLLOW HILL DR

Suite, Apt. #, Etc.

City

TAMPA

800008433028--3

-10/17/02--01088--007

******150.00 ****150.00**

State

FL

Zip Code

33624

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

Paul Chin

REGISTERED AGENT MUST SIGN

Date **10.14.02**

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	PAUL CHIN	4206 HOLLOW HILL DR	TAMPA, FL 33624

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:

Paul Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.14.02

Daytime Phone #

CR2E081 (9/01)

10/18/02

Cameron of Tampa, Inc.
4206 Hollow Hill Drive
Tampa, FL 33624

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

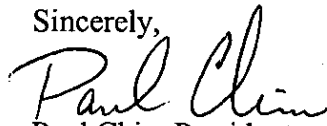
Gentlemen:

It has been brought to my attention by my accountant that the Annual Report for Cameron of Tampa, Inc. had not been filed. Subsequently the corporation has been administratively dissolved. The report was not filed because we never received it in the mail.

Enclosed you will find our Corporation Reinstatement report and a check in the amount of \$150. Please wave the extra fee if at all possible.

Thank you,

Sincerely,


Paul Chin, President
October 14, 2002