

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
00-02  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 25 PM 2:32

DOCUMENT # P99000102688

1. Corporation Name

CAMYA USA, INC.

Principal Place of Business

Mailing Address

1235 Alton Rd.  
Miami Beach, Fl. 33139

1235 Alton Rd.  
Miami Beach, Fl. 33139

300005205043--9  
-04/08/02--01051--020  
\*\*\*\*458.75 \*\*\*\*458.75

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

2. New Principal Office Address, if Applicable

357 SW 18th Rd.  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

357 SW 18th Rd.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1999

5. FEI Number

65-0978414

Applied For

Not Applicable

City & State  
Miami, Fl.

City & State  
Miami, Fl.

Zip  
33129

Zip  
33129

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required  
for 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
PSD	Renate Nothmann	357 SW 18th Rd.	Miami, Fl. 33129

8. Name and Address of Current Registered Agent

Renate Nothmann  
1235 Alton Road  
Miami Beach, Fl. 33139

9. Name and Address of New Registered Agent

Name  
Renate Nothmann  
Street Address (P.O. Box Number is Not Acceptable)  
357 SW 18th Rd.  
Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33129

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

Renate Nothmann

Date

REGISTERED AGENT MUST SIGN

1. 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:

Renate Nothmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CAMYA USA, INC.**  
**357 SW 18<sup>TH</sup> ROAD**  
**MIAMI, FLORIDA 33129-1014**

January 23, 2002

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

**Attn: Reinstatement Section**

**Re: Document # P99000102688**

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our 2000, 2001, and 2002 Uniform Business Reports.

We ask that you please pardon the late fees since this problem was due to circumstances beyond our control. When we filed the corporation we were never informed of any annual fees by our attorney and since this is our first company here in Florida, we were never aware that the corporation was dissolved. If there is any problem processing this report please contact us immediately.

Sincerely,

  
Renate Nothmann  
President