

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

00 OCT 31 PM 2:01

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **F95000001339**

1. Corporation Name

**CAMDEN FINANCIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

19762 MACARTHUR BLVD., #315  
 IRVINE CA 92612  
 US

19762 MACARTHUR BLVD., #315  
 IRVINE CA 92612  
 US

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

2. New Principal Office Address, If Applicable  
~~2301 CAMDUS DRIVE~~

3. New Mailing Office Address, If Applicable  
~~2301 CAMDUS DRIVE~~

4. Date Incorporated or Qualified To Do Business in Florida

03/21/1995

Suite, Apt. #, etc.  
~~Suite 200~~

Suite, Apt. #, etc.  
~~Suite 200~~

5. FEI Number

NOT APPLICABLE

Applied For  
 Not Applicable

City & State  
 IRVINE CA

City & State  
 IRVINE CA

Zip Country  
 92612 USA

Zip Country  
 92612 USA

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
P	SCALZO, THOMAS JR.	19762 MACARTHUR BLVD., #315	IRVINE CA 92612
D/T	MCCLINTOCK, W. JON	19762 MACARTHUR BLVD., #315	IRVINE CA 92612
P	Ucciferri, Louis	<del>2301 CAMDUS DR #250</del> 2301 CAMDUS DRIVE #250	IRVINE CA 92612

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST., STE. 105  
 TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

~~000003529180-6~~

~~-01/09/01--01028--006~~

\*\*\*\*\*88 75 \*\*\*\*\*88 75

State  
 FL

Zip Code

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

The Prentice-Hall Corporation System, Inc.  
 by: *[Signature]*

Date 12/22/00

REGISTERED AGENT MUST SIGN

Vivien S. Mitchell, Asst. Vice President

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)(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.

**KE**

SIGNATURE:

*[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (949) 475-4200  
 Date Daytime Phone #

CR2E040 (8/99)