

APPLICATION
FOR



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

FILED

01 JAN -5 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000028583**

1. Corporation Name

CAM GORDON, INC.

Principal Place of Business

11607 SPRINGRIDGE ROAD
POTOMAC MD 20854

Mailing Address

11607 SPRINGRIDGE ROAD
POTOMAC MD 20854

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

03/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0658108

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GORDON, MICHAEL	11607 SPRINGRIDGE ROAD	POTOMAC MD 20854
COD	GORDON, ANN	11607 SPRINGRIDGE ROAD	POTOMAC MD 20854
S	GORDON, RENA P	11607 SPRINGRIDGE ROAD	POTOMAC MD 20854
			800003533978--9 -01/12/01--01005--007 ****150.00 ****150.00
		DOUBLE T8	

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

SIGNATURE REQUIRED

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/29/00

CAM GORDON, INC.
11607 SPRINGRIDGE ROAD
POTOMAC, MD 20854

Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314-6327

November 13, 2000

To Whom It May Concern:

Please find attached the 2000 Annual Report for CAM Gordon, Inc. Document #P9600028583 along with the required filing fee of \$526.25. We ask that you accept the return and payment and abate any penalties that may be imposed as a result of the filing date. Our main office, which is responsible for the filing of all annual returns, experienced turnover at all levels in the organization. We believe that the return was inadvertently misplaced or overlooked in the transition. The only notice that we received regarding our delinquency was the notice of revocation.

CAM Gordon, Inc. has always filed the Annual Report and all other tax returns due to the State of Florida in a timely fashion without exception. We ask that you take our payment and filing record into account when you make your decision regarding the abatement of penalty.

Please feel free to call me at 301-921-6661 or correspond with me at the above address.

Sincerely,



John T. Verdon
Accountant