## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # PORCOCOGA 588  1. Corporation Name  Campbell Roofing & Sheet Metal of FLance			SECRETARY OF STATE TALLAHASSEE. FLORIDA  09 OCT 28 AM II: 01
2. Principal Office Address - No P.O. Box # 3. Mailing Country Suite, Apt. #, etc.  2. Principal Office Address - No P.O. Box # 3. Mailing Country Suite, Apt. #, etc.  3. Mailing Country Suite, Apt. #,	Office Address 31 Dory Lane etc.  14ers FL Country USA	4. Date Incorp To Do Busin 5. FEI Number	STATEMENTS) 08-09  orated or Qualified 6/34-02  Applied For Not Applicable  OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name  Name  Name  No. 1		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. 1, 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  REGISTERED AGENT MUST SIGN			10/22-09
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
m Joshua Campbell	14531 Dory La	une .	<del>1453</del> F1 Myers F1 35908
		3( 10/2)	00162261333 / <del>00 01042 003 **308.7</del> 5
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 filling 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 paldend 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:  SIGNATURE:  Date  Daytime Phone #			