

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JUN 19 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576406

1. Corporation Name

CAMPAGNA HOMES, INC.

2. Principal Office Address - No P.O. Box #
955 M.L.K. JR DR EAST

3. Mailing Office Address
955 M.L.K. JR DR EAST

Suite, Apt. #, etc.

UNIT F

Suite, Apt. #, etc.

UNIT F

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

Zip

34689

Country

USA

Zip

34689

Country

USA

7. Name and Address of Current Registered Agent

Name

MICHAEL P. CAMPAGNA

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

955 M.L.K. JR DR EAST

Suite, Apt. #, Etc.

UNIT F

City

TARPON SPRINGS FL

State

FL

Zip Code

34689

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

REGISTERED AGENT MUST SIGN

Date

6/10/09

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
P/T	MICHAEL P. CAMPAGNA	109 AUGUSTA AVE.	PALM HARBOR FL 34683
VP/S	PATRICK T. CAMPAGNA	7605 LAKE CYPRESS DR.	ODESSA FL 33556

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 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:

Michael P. Campagna

Michael P. Campagna, President

6/10/09

727-944-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/19/09--01021--008 **1950.00
600157480506
06/19/09--01021--008 **1950.00
REINSTATEMENT 67-09

4. Date Incorporated or Qualified To Do Business in Florida 06/21/1978

5. FEI Number

591829266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status