PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -7 PH 3: 49

DOCUMENT # F02000004405

1. Corporation Name

Los Campos, Inc.

REINSTATEMENT 04-05

11/21/05 01045 002 #900⁰⁰
CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
890 Park Ave	890 Park Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Youngsville, NC	Youngsville, NC

Zip	Country	Zip	Country
27596	USA	27596	USA

4. Date Incorporated or Qualified To Do Business in Florida **August 27, 2002**

5. FEI Number
56-2005439

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Aaron A. Haak, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1625 Hendry Street

Suite, Apt. #, Etc.

City Fort Myers	State FL	Zip Code 33901

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 12/1/05

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
PRES	Milton A. Campos	890 Park Ave.	Youngsville, NC 27596

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 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

11-2-05
Date   Daytime Phone #