

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F02000005627

1. Corporation Name

CAMPBELL ROOFING & CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

7538 HOUSTON ROAD
BYRON GA 31099

PO BOX 2433
WARNER ROBINS GA 31099



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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2589870

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
PC	CAMPBELL, ERIC	13714 LONGS LANDINGS ROAD WEST	JACKSONVILLE FL 32225
WVC	CAMPBELL, VALLERIE	13714 LONGS LANDINGS ROAD WEST	JACKSONVILLE FL 32225
T	HARMON, RICHARD	102 MAGNOLIN CREST	KATHLEEN GA 31047
D	DAVIS, P. KYLE	504 DOUBLE OAK DRIVE	MACON GA 31204
			800023962598 10/21/03--01029--016 **600.00
			800023962598 11/13/03--01011--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, ERIC
13714 LONGS LANDING ROAD WEST
JACKSONVILLE FL 32225

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

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

ERIC CAMPBELL

Date

10/14/03

Daytime Phone #

CR2E040 (7/03)