

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 31 PM 12:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>C38522</u> 1. Corporation Name					
Principal Place of Business		Mailing Address			
CAMPAGNOLI CONSTRUCTION COMPANY		REINSTATEMENT			
4471 SKATES CIRCLE					
FT MYERS FLORIDA 33905					
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MAY 16 1983	
City & State		City & State		5. FEI Number	
Zip		Zip		592315431	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P	ROGER CAMPAGNOLI JR	22976 LONE OAK DR	ESTER FLA 33928		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
ROGER CAMPAGNOLI JR			Name		
22976 LONE OAK DR			Street Address (P.O. Box Number is Not Acceptable)		
ESTER FLA 33928			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		REGISTERED AGENT MUST SIGN		Date 3/28/99	
Roger Campagnoli					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: Roger Campagnoli		ROGER CAMPAGNOLI		Date 3/28/99 941.498.8880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	