PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG 20 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83355

1. Corporation Name
CAMPBELL CABINETRY DESIGNS INC.

1994-2001 UBR

2. Principal Office Address	3. Mailing Office Address
7152 INDIAN BOW LN.	7152 INDIAN BOW LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL.	City & State: SARASOTA FL
Zip: 34240 Country: USA	Zip: 34240 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1991

5. FEI Number: 65-0428705 ☐ 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: SHELDON CAMPBELL

Street Address (P.O. Box Number is Not Acceptable): 7152 INDIAN BOW LN

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34240

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-09/13/01--01061-006
***1365.00 ***1365.00

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: Sheldon Campbell — REGISTERED AGENT MUST SIGN — Date: AUG 15, 01

CR2E081 (9/00)

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	SHELDON CAMPBELL	7152 INDIAN BOW LN	SARASOTA, FL 34240
S/T	ANNA CAMPBELL	7152 INDIAN BOW LN	SARASOTA, FL 34240

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: Sheldon Campbell SHELDON CAMPBELL — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: AUG 15-01 — Daytime Phone #: 941-378-3922

2852

CAMPBELL CABINETRY DESIGNS

CUSTOM DRAFTING & DESIGNS

August 16, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

This letter is a request for reinstatement of my Florida Corporation. The state of Florida stopped sending me the annual report in the early 90s, and my corporation was dissolved without any notification from me to do so. After contacting your office and following the instructions your personnel gave me, please find enclosed the reinstatement form along with a check of $1365.00, the amount that I was told to send in by your office. If you have any questions for me concerning this matter, please call me for clarification at (941) 378-3922.

Sincerely,

Sheldon Campbell
Campbell Cabinetry Designs, Inc.