

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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 # **H 83355**

1. Corporation Name

CAMPBELL CABINETRY DESIGNS INC.

2. Principal Office Address

7152 INDIAN BOW LN.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

Zip

34240

Country

USA

3. Mailing Office Address

7152 INDIAN BOW LN.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

Zip

34240

Country

USA

1994-2001 UBR

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

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**

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

282

CAMPBELL CABINETRY DESIGNS

CUSTOM DRAFTING & DESIGNS

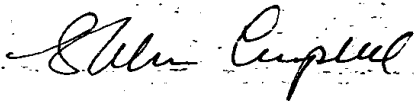
August 16, 2001

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.