

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

DOCUMENT # K05837 1. Entity Name CAMPANELLI BROS. OF FLORIDA, INC.					
Principal Place of Business C/O RICHARD W MORRISON P O BOX 11025 FORT LAUDERDALE, FL 33339			Mailing Address C/O RICHARD W MORRISON P O BOX 11025 FORT LAUDERDALE, FL 33339		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0020692				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD, C. GLENN 4875 N. FEDERAL HWY 10TH FL. FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name: C. Glenn Leonard Street Address (P.O. Box Number is Not Acceptable): 1995 E. Oakland Park Blvd, Suite 105 City: Ft. Lauderdale FL Zip Code: 33306	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>C. Glenn Leonard</i></u> C. Glenn Leonard 3/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMPANELLI, ALFRED 4875 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Richard W. Morrison 1995 E. Oakland Park Blvd, Suite 105 Ft. Lauderdale, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAMPANELLI, NICHOLAS ONE CAMPANELLI DR BRAINTREE, MA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300048981823 03/23/05--01008--006 ***900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CAMPANELLI, JOSEPH 4875 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Joseph Campanelli 1995 E. Oakland Park Blvd, Suite 105 Ft. Lauderdale, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GULLA, DOMINIC 4875 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dominic Gulla 1995 E. Oakland Park Blvd, Suite 105 Ft. Lauderdale, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULLA, DOMINIC 4875 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dominic Gulla 1995 E. Oakland Park Blvd, Suite 105 Ft. Lauderdale, Florida 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Richard W. Morrison</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Richard W. Morrison			3/10/05 954-566-0096 <small>Date Daytime Phone #</small>		