

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -3 AM 10:39

DOCUMENT # L 03000046078

1. Limited Liability Company's Name

JAMES R. CAMPBELL, LLC

2. Principal Office Address

7935 RANCH ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

11

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

11

Zip

34668

Country

U.S.A.

Zip

11

Country

11

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

2003

6. FEI Number

200419577

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES R CAMPBELL

Street Address (P.O. Box Number is Not Acceptable)

7935 RANCH ROAD

Suite, Apt. #, Etc.

City

PORT RICHEY FL 34

State

FL

Zip Code

34668

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James R. Campbell

REGISTERED AGENT MUST SIGN

Date

9-28-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
OWNER	James R. Campbell	7935 RANCH ROAD	PORT RICHEY FL
			800080385668 10/03/06--01020--009 **150.00
			04-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

James R Campbell

Date

9-28-06

Daytime Phone #

727-869-2900

Typed or printed name of signing Managing Member/Manager

JAMES R CAMPBELL

TO Whom it May Concern

I James R Campbell
did Not Receive my
Annual Report Notice

LO3000046078

James R. Campbell

9-28-06