

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000037026	
1. Entity Name CAMPBELL & COLE, L.L.C.	



Principal Place of Business 110 GULF SHORE DRIVE, UNIT 305 DESTIN, FL 32541	Mailing Address 110 GULF SHORE DRIVE, UNIT 305 DESTIN, FL 32541
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2. Principal Place of Business - No P.O. Box # 110 GULF SHORE DRIVE	3. Mailing Address P.O. BOX 5563
Suite, Apt. #, etc. UNIT 305	Suite, Apt. #, etc. -

City & State DESTIN, FLORIDA	City & State DESTIN, FLORIDA
Zip 32541	Zip 32540
Country U.S.A.	Country U.S.A.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHN W. HAWKINS 607 HWY 98 EAST DESTIN, FL 32541		7. Name and Address of New Registered Agent Name: JOSEPH M. SCHEVD, JR. PA Street Address (P.O. Box Number is Not Acceptable): 979 HWY 98 EAST UNIT B-1 City: DESTIN FL Zip Code: 32541	
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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:	DATE: FEB. 2, 2007

FILE NOW! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR C & C ACQUISITIONS GROUP, INC. 110 GULF SHORE DRIVE, UNIT 305 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:	DATE: FEB 2, 2007 DAYTIME PHONE #: 850-837-1171