

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR -9 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000091987

1. Limited Liability Company's Name

Campbell Construction Company LLC

2. Principal Office Address - No P.O. Box #

1203 Maldonado Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1203 Maldonado Dr.

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

City & State

Pensacola Beach, FL

Zip

32561

Country

Escambia

Zip

32561

Country

Escambia

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9/19/06

6. FEI Number

20-5545606

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

Dax A. Campbell

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

1203 Maldonado Dr.

Suite, Apt. #, Etc.

City

Pensacola Beach

State

FL

Zip Code

32561

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Dax A. Campbell

REGISTERED AGENT MUST SIGN

Date 2/2/09

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
MGRM	<u>Dax A. Campbell</u>	<u>1203 Maldonado Dr.</u>	<u>Pensacola Beach, FL 32561</u>

02/06/09-01044-011 **516.25

REINSTATEMENT 2007-09 TB

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

Dax A. Campbell

Date 2/2/09

Daytime Phone # (850) 324-0815

Typed or printed name of signing Managing Member/Manager

Dax A. Campbell