

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L81260**

1. Corporation Name

CAMPBELL-WOOD, INC.

Principal Place of Business

9800 S HEALPARK DR
#410
FT MYERS FL 33908
US

Mailing Address

9800 S HEAL PARK DR
#410
FT MYERS FL 33908
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1990

SP

5. FEI Number

65-0229520

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WEISZ, JAMES	2502 ROCKY POINT DR, #107	TAMPA FL 33607
			900003161539--7 -03/08/00--01014--032 ****150.00 ****150.00 900003161539--7 -03/08/00--01014--033 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WOOD, COLIN D.
NETSCH & ASSOCIATES, C.P.A., P.A.
9800 HEALTHPARK CIRCLE #410
FT MYERS BEACH FL 33908

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

JAN/31/2000

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec. 23/99

Daytime Phone #

813-287-1795



REINSTATEMENT 99-2000

FILED
00 FEB 18 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/99)