

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 25 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92797

1. Corporation Name

Campbell Therapy Services, Inc.

2. Principal Office Address

1220 E. Prospect Ave

Suite, Apt. #, etc.

Suite 296

City & State

Melbourne Fla

Zip

32901

Country

USA

3. Mailing Office Address

1220 East Prospect Ave

Suite, Apt. #, etc.

Suite 296

City & State

Melbourne Fla

Zip

32901

Country

USA

000021789520

07/25/03--01061--024 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

593020287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marilia Dias - Campbell

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

1220 E. Prospect Ave Suite 296

Suite, Apt. #, Etc.

Suite 296

City

Melbourne

State

FL

Zip Code

32901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Marilia Dias - Campbell

Date

7/16/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Marilia Dias - Campbell	1825 ATZ Rd.	Malabar FL 32950
D	Lorenzo M. Campbell	1825 ATZ Rd.	Malabar FL 32950

10. 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:

Marilia Dias - Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilia Dias - Campbell

Date

7/16/03 321-952-2110

Daytime Phone #

CR2001 (10/02)