


L95000000873

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY -4 AM 9:03	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company CAMPBELL GROVES, L.C. 650 North Rock Road Fort Pierce, Florida 34945			DOCUMENT #L95000000873		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3a. State of Formation Florida <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country			3. Date Organized or Qualified 11/9/95 4. FEI Number 65-0639986 5. Date of Last Report None		
7. Name and Address of Current Registered Agent FRANK H. FEE, III, ESQUIRE 401 South Indian River Drive Fort Pierce, Florida 34950			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL <i>1244</i>		
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 <i>Frank H. Fee III</i> Date:					
10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code		
MGR	KENNETH T. SCOTT	650 North Rock Road	Fort Pierce, FL 34945		
MGR	DAN C. SCOTT	1901 South Indian River Drive	Fort Pierce, FL 34950		
MGR	EDGAR A. BROWN	13939 Indrio Road	Fort Pierce, FL 34945		
REINSTATEMENT <i>96,428,79</i>					
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 <i>Edgar A. Brown</i> Date 4/24/99 Daytime Phone # 561 464-4141 Typed or printed name of signing Managing Member/Manager					