

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUN -6 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CAMPOS ENTERPRISES INC

2. Principal Office Address

4830 NW 108 PLACE

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33178

Country

USA

3. Mailing Office Address

4830 NW 108 PLACE

Suite, Apt. #, etc.

City & State

Miami-FL

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2000

5. FEI Number

65-0995212

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

JULIO C. CAMPOS

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

4830 NW 108 PLACE

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33178

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

05/31/02

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
P	JULIO C. CAMPOS	4830 NW 108 PLACE	Miami-FL 33178
V-T	Monica P. Campos	4830 NW 108 PLACE	Miami-FL 33178

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:

JULIO C. CAMPOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/02

Date

305 716-2816

Daytime Phone #

CR2E081 (9/01)