PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000026194**

1. Corporation Name

**CAMPBELL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4542 BUCIDA RD<br>BOYNTON BEACH FL 33436 | 4542 BUCIDA RD<br>BOYNTON BEACH FL 33436 |

REINSTATEMENT 03

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: 03/08/2000

5. FEI Number: 65-0997837 ☐ 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| PSTD | CAMPBELL, MARK C | 110 YACHT CLUB WAY #305 | HYPOLUXO FL 33462 |
| PTS | CAMPBELL, MARK | 4542 BUCION RD | BOYNTON BEACH FL 33436 |
| D | CAMPBELL, MARK | 4542 BUCION RD | BOYNTON BEACH FL 33436 |
| | | | |
| | | 600023752306<br>10/13/03--01074--009 **150.00 | |
| | | | |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| CAMPBELL, MARK C<br>4542 BUCIDA RD<br>BOYNTON BEACH FL 33436 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State: FL / Zip Code |

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Mark Campbell — Date: 10/9/03
REGISTERED AGENT MUST SIGN

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:** Mark Campbell — 10/9/03 — 561-364-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK CAMPBELL

October 9, 2003

To Whom It May Concern:

I am writing this letter to request an extension on my reinstatement application. I have just recently received the application in the mail, therefore, was unable to file it on time. I am enclosing a $150.00 check per your instructions if the reinstatement was not filed on time.

Sincerely,

Mark Campbell