

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT -7 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013230

1. Entity Name
JAMES CAMPBELL DECORATING, INC.



Principal Place of Business
2109 COVE LA
JUNO BCH, FL 33408

Mailing Address
2109 COVE LA
JUNO BCH, FL 33408

REINSTATEMENT

on



2. Principal Place of Business

my Home
Suite, Apt. #, etc.
Home

3. Mailing Address

2109 COVE LANE
Suite, Apt. #, etc.
Home

10042004 REIN-P CR2E098 (6/04)

City & State

North Palm Beach

City & State

North Palm Beach

4. FEI Number

01-0587197

Applied For
Not Applicable

Zip
33408

Country
U.S.

Zip
33408

Country
U.S.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES
2109 COVE LA
JUNO BCH, FL 33408

7. Name and Address of New Registered Agent

Name
James Campbell

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

2109 COVE LANE

City North Palm Beach FL Zip Code 33408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

10-2-04

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CAMPBELL, JAMES
STREET ADDRESS 2109 COVE LN
CITY-ST-ZIP VENO, FL 33408

TITLE VP
NAME RENZ, DAN
STREET ADDRESS 804 FERGUSON LW
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/07/04

200041670682
10/07/04--01049--002 **150.00

JAMES CAMPBELL DECORATING INC.

2109 COVE LANE
JUNO BEACH, FL 33408
(561) 624-2622

October 4, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Document #P02000013230

To Whom It May Concern:

As per the notice to pay yearly fees involved. I have tried numerous times to file on line and due to the hurricanes recently, I have been unsuccessful. Your system had been down October 1, 2004, and would not allow me to even e-mail.

I have called your office this afternoon and I was told to pay the fee for filing of \$150.00 and send a letter and form back, with the intent of waiving the additional fees.

Sorry for this inconvenience, I have been preoccupied due to the recovery efforts from the recent hurricanes.

Please call me should you have any questions regarding this situation.

Sincerely,



James Campbell
President

JC/sr