

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -5 AM 8:00

DOCUMENT # P02000098468

1. Corporation Name

CAMPUS CIRCUIT, INC.

Principal Place of Business

Mailing Address

931 VILLAGE BLVD STE 905-200
WEST PALM BEACH FL 33409

931 VILLAGE BLVD STE 905-200
WEST PALM BEACH FL 33409

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

09/12/2002

5. FEI Number

55-0796753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
P	PARKS, OMAR	3630 ALDER DR G3	WEST PALM BEACH FL 33417

600027544006
03/05/04--01069--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKS, OMAR M
3630 ALDER DR G3
WEST PALM BEACH FL 33417

Name

Omar Parks

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

3630 Alder Dr G3

Suite, Apt. #, Etc.

City

West Palm Bch

State

FL

Zip Code

33417

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

Omar M Parks

REGISTERED AGENT MUST SIGN

Date 11/11/03

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:

Omar M Parks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/03 (561) 688-1542
Date Daytime Phone #

292

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

20034BR

My name is Omar Parks. I am the owner/president of Campus Circuit, Inc. I would like to apologize for the tardiness of such a letter but it has taken time for me to become aware of the issues concerning my company and the State of Florida. I called the number provided by your Notice of Administrative Dissolution or Revocation form. A kind lady in your offices told me that if I write this letter explaining that I was unaware of any other requirements of my company or myself that I would be reinstated following the payment of \$150.00.

According to the young lady there was a document that was to be sent to me that explained what was required that I never received. It could be due to my many travels or the time spent abroad trying to find new business. If there are any other requirements of me after this letter please notify me. The payment is enclosed as well.

Regards,


Omar Parks

Campus Circuit, Inc.
931 Village Blvd
Suite 905-200
West Palm Beach, FL 33409