

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 APR 30 PM 12:47

DEPT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 030000 86959

1. Corporation Name

PAUL CAMPO INC
05-0587355

2. Principal Office Address - No P.O. Box #

381 23rd ST SW

Suite, Apt. #, etc.

3. Mailing Office Address

381 23rd ST SW

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34117

Country

COLLIER

Zip

34117

Country

COLLIER

000226804820

03/30/12--01025--007 **1058.75

10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/07/2003

5. FEI Number

05 0587355

☐ 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

CAMPO, PAUL J.

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

381 23rd ST SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

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:

REGISTERED AGENT MUST SIGN

Date 4-24-2012

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	CAMPO, PAUL J	381 23rd ST SW	NAPLES, FL 34117

APR 30 2012

S. PRATHER

10. E-mail Address: PCAMPOLAWWORKS@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-2012