

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

06 SEP -8 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 03 000144131

1. Corporation Name

Fred T Campbell Inc.

2. Principal Office Address

2001 83 AV. N. Lot 5030
St. Pete FL 33702

3. Mailing Office Address

2001 83 AV. N. Lot 5030
St. Petersburg FL 33702

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL 33702

City & State

St. Pete FL 33702

Zip

33702

County

Pinellas

Zip

33702

Country

Pinellas

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12-4-2003

5. FEI Number

20-054 3926

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

Fred T Campbell

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

2001 83 AV. N.

Suite, Apt. #, Etc.

Lot # 5030

City

St. Petersburg

State

FL

Zip Code

33702

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

Fred T Campbell

Date

8 24 06

REGISTERED AGENT MUST SIGN

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
V. Pres.	Joe R. Gelespi	2001 83 AV. N. # 1205	St. Petersburg FL 33702

100079730571
09/12/06--01062--005 **450.00

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 contained in Chapter 119, 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:

Fred T Campbell
Fred T Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 24 06

Date

727 688-8554

Daytime Phone #

FRED T CAMPBELL INC.
EIN 20-0543926

I AM sorry to say that I
did not receive ANY notices or
ANNUAL reports.

Thank-you

Fred T Campbell
8 24 06