

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUL 17 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO 8000056856*

1. Corporation Name

Campbellsville Aaron's Properties, Inc.

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

4915 Southfork Dr.

3. Mailing Office Address

PO Box 2537

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

USA

Zip

33806

Country

USA

500237516915

07/17/12--01005--016 **1058.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/2008

5. FEI Number

26-3797233

☐ 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

Dale G. Jacobs

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

4915 Southfork Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

REINSTATEMENT 10-12

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 *6/25/2012*

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
<i>P</i>	<i>Dale G. Jacobs</i>	<i>4915 Southfork Dr.</i>	<i>Lakeland FL 33813</i>

10. E-mail Address:

Karla @ dalejacobs.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:

Dale G. Jacobs

6/25/2012

Date

863-618-1877
Daytime Phone #