

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**95 AD**  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC -7 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024309

1. Corporation Name

CAMPOLI & COMPANY, INC.

Principal Place of Business

Mailing Address

10092 SAN JOSE BLVD  
MANDARIN FL 32257

10092 SAN JOSE BLVD  
MANDARIN FL 32257

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

03/19/1996

5. FEI Number

59-3373054

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HOOKS, HARLEY E JR.	3326 MESA VERDE WAY 150 RIVER PLANTATION DR. N.	MANDARIN FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOOKS, HARLEY E JR  
3326 MESA VERDE WAY  
MANDARIN FL 32223

Name

HOOKS, HARLEY E. JR.

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

150 RIVER PLANTATION DR. N.

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32223

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11-17-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HARLEY E. HOOKS JR.

Date

11-21-98 (904) 268-2488

Daytime Phone #

CR2E040 (9/98)

**CAMPOLI & CO.**

10092-6 San Jose Blvd., Jacksonville, FL 32257  
HAIR SALON FOR TOTAL BEAUTY ENHANCEMENT PHONE: 268-2488

November 21, 1998

TO WHOM IT MAY CONCERN:

I am writing to request that you consider taking my original \$150.00 owed on my account. I felt sure that this had been paid on time but cannot find the cancelled check. I do all of the office work at our company and have been on maternity leave. All that I can figure out is that it didn't get mailed when I was out with my baby. If you look at our past records I'm sure that you will see that this has never happened before and not the nature of our business.

Thank you for your consideration.

Selena Hooks,



Office Manager