

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 FEB 10 AM 11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000046313(8)					
1. Corporation Name CAMPBELL & ORTEGA CONSTRUCTION & DEVELOPMENT, INC.					
Principal Place of Business 2335 Tamiami Trail N. Suite 505 Naples, FL 34103		Mailing Address 2335 Tamiami Trail N. Suite 505 Naples, FL 34103			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2335 Tamiami Trl N. Suite, Apt. #, etc. 505 City & State Naples, FL Zip 34103 Country USA		3. New Mailing Office Address, If Applicable 2335 Tamiami Trl N. Suite, Apt. #, etc. 505 City & State Naples, FL Zip 34103 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 5-24-96	
		5. FEI Number 65-0422713		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
P/D	HERMINIO ORTEGA	1537 Galleon Ave.	Marco Island, FL 34145		
			600002429026--B		
			-02/12/98--01077--002		
			****935.00 ****935.00		
REINSTATEMENT <u>97-98</u> <i>Alan</i> <i>2/10/98</i>					
8. Name and Address of Current Registered Agent Jamie B. Gruesel c/o Berry & Greusel 1104 N. Collier Blvd. Marco Island, FL 34145			9. Name and Address of New Registered Agent Name Jeanette Martinez, Esquire Street Address (P.O. Box Number is Not Acceptable) 2335 Tamiami Trail N. Suite, Apt. #, Etc. Suite 505 City Naples State FL Zip Code 34103		
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 REGISTERED AGENT MUST SIGN Date					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-29-98 (941) 394-6000 Date Daytime Phone #		