

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 23 PH 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 797 000072431

1. Corporation Name

ESTEBAN CAMPOS CONSTRUCTION CO.

900030934669  
03/23/04--01077--007 \*\*300.00

900030934669  
03/23/04--01077--008 \*\*500.00

2. Principal Office Address

406 PINELAW TERR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

1

Zip

33406

Country

PBC

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/22/97

5. Fee Number

650586230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

ESTEBAN CAMPOS

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

406 PINELAW TERR

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

Esteban Campos

REGISTERED AGENT MUST SIGN

Date

3/19/04

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	ESTEBAN CAMPOS	406 PINELAW TERR	WEST PALM BEACH FL 33406

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 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:

Esteban Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/04

Daytime Phone #

CR2E081 (01/04)