

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB -3 PM 2:34

DOCUMENT # P98000047238

1. Entity Name
CAMPBELL'S FUNDRAISING, INC.



Principal Place of Business
5524 HAINES ROAD N
ST. PETERSBURG, FL 33714

Mailing Address
5524 HAINES ROAD N
ST. PETERSBURG, FL 33714

2. Principal Place of Business - No P.O. Box #
4604 49th St. N.

3. Mailing Address
4604 49th St. N.

Suite, Apt. #, etc.
Ste 23

Suite, Apt. #, etc.
Ste 23

City & State
Saint Pete, FL

City & State
Saint Pete FL

Zip
33709

Country
USA

Zip
33709

Country
USA

01272009 REIN-P CR2E098 (1/07)

4. FEI Number
59-3515973

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, PERRY
5524 HAINES ROAD N
ST PETERSBURG, FL 33714

7. Name and Address of New Registered Agent

Name
Campbell, Perry
Street Address (P.O. Box Number is Not Acceptable)
5100 Bay State Road
City
Palmetto FL Zip Code
34221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
CAMPBELL, PERRY
5524 HAINES ROAD N
ST PETERSBURG, FL 33714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres
Perry Campbell
5100 Bay State Rd.
Palmetto, FL 34221 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400142727164
02/03/09--01020--017 ***300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Perry Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/09 727-235-1388
Date Daytime Phone # Cell