

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 16 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065931

1. Corporation Name

Campo Development, Inc.

Principal Place of Business

Mailing Address

~~10520 Regent Circle~~
~~Naples, FL 34109~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
455 S. Indiana Ave.

3. New Mailing Office Address, If Applicable
455 S. Indiana Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

07-24-98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

Sarasota

Zip

34223

Country

Sarasota

5. FEI Number

59-3526867

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESHE

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	David R. Campo	455 S. Indiana Ave.	Englewood, FL 34223
Secy			
Treas			
Vice Pres.	Anthony Campo, Jr.	10 Scuppo Road, B-6	Danbury, CT 06811

700003084027--9
-12/30/99-01020-002
****758.75 ****758.75
LS

8. Name and Address of Current Registered Agent

Charles D. Hines, Esq.
1001 Avenida del Circo
Venice, FL 34285

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Charles D. Hines, Esq.

Date 12/13/99

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Campo

Date

Daytime Phone #

(941) 473-7777