


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR -2 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07  
CR2E081 (1/07)

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000072320

1. Corporation Name

CAMPBELL ROOFING & SHEET METAL, INC.

2. Principal Office Address - No P.O. Box # 6340 ARC WAY Suite, Apt. #, etc.		3. Mailing Office Address 6340 ARC WAY Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33912	Country USA	Zip 33912	Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 8/17/1998

5. FEI Number 592769066  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name KEVIN E. JURINSKI, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 7800 UNIVERSITY BOULEVARD DRIVE			
Suite, Apt. #, Etc. SUITE 200			
City FORT MYERS	State FL	Zip Code 33907	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

3/26/07

REGISTERED AGENT MUST SIGN

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	JOSH CAMPBELL	6340 ARC WAY	FORT MYERS, FL 33912
V	TRAVIS CAMPBELL	6340 ARC WAY	FORT MYERS, FL 33912
CEO	ROBERT CAMPBELL	6340 ARC WAY	FORT MYERS, FL 33912

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10. I certify that I am an officer or director of 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 contained in Chapter 119, 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

Josh Campbell PR2

Date

3/26/07

Daytime Phone #

239 936-4672

4/5aw