

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 19 AM 11:06

DOCUMENT # 998000103109

1. Corporation Name

CAMPBELL GENERAL  
COMMERCIAL U.S.A INC

2. Principal Office Address

1007 N. FEDERAL

3. Mailing Office Address

AWAY "

**REINSTATEMENT**

99-00

Suite, Apt. #, etc.

70

Suite, Apt. #, etc.

City & State

FL. LAUDERDALE

City & State

Zip

33304

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/10/1998

5. FEI Number

65-0963229

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

SHAMIMA SULTANA, GREEN INTERNATIONAL USA. PA

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

3057 NE 16th AVE OAKLAND PK FL 33334

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33334

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

[Signature]

Date 05/17/00

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
1. D	CAMPBELL EVERTON A.	134 HEATHFIELD DRIVE SURREY CR4 3RH UK	
2. D	MRS. STEPHANIE CAMPBELL	134, HEATH FIELD DRIVE, SURREY, UK	
3. D	CAMPBELL MARVIN	37, TREHERNET LONDON SW9 7RN U.K.	
			700003314517--1 -07/06/00--01025--011 ****900.00 ****900.00
			AD

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05/17/00 (954) 568 5649

Date Daytime Phone #

CR3E081 (9/99)