

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 16 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-10/16/02--01061--007  
\*\*\*1050.00 \*\*\*1050.00

REINSTATEMENT 00-02

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000107927

1. Corporation Name  
Campbell's GARAGE DOOR Services, Inc.  
W02-28695

2. Principal Office Address  
255 Cone Road  
Suite, Apt. #, etc. #2  
City & State Merritt Island, FL  
Zip 32952 Country U.S.

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12-23-98

5. FEI Number 593549091  
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 CHADWICK J. Campbell

Street Address (P.O. Box Number is Not Acceptable) 1315 Dolphin Ave.

Suite, Apt. #, Etc. N/A

City Merritt Island State FL Zip Code 32952

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 9-26-02

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
<u>owner pres.</u>	<u>Chad Campbell</u>	<u>1315 Dolphin Ave</u>	<u>Merritt IS. FL 32952</u>

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] Date 9-26-02 (320) 188-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)