

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 OCT 16 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200008401062--6  
-10/16/02--01061--007  
\*\*\*1050.00 \*\*\*1050.00

DOCUMENT # P98000107927

1. Corporation Name

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

2. Principal Office Address

255 Cone Road

Suite, Apt. #, etc.

#2

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Zip

Country

Zip

Country

32952

U.S.

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]*

REGISTERED AGENT MUST SIGN

Date 9-26-02

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
Owner pres.	Chad Campbell	1315 Dolphin Ave	Merritt IS. FL 32952

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

9-26-02 (320)88-5555

Date

Daytime Phone #

CR2E081 (9/01)