PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 1:04

DOCUMENT # P99000045972

1. Corporation Name

JOHN R. CAMPBELL, INC.

Principal Place of Business	Mailing Address
8517 OLD COUNTY RD.54 NEW PORT RICHEY FL 34653	8517 OLD COUNTY RD.54 NEW PORT RICHEY FL 34653

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 8501 Old C.R. 54	Suite, Apt. #, etc.: 8501 Old C.R. 54
City & State: New Port Richey, FL.	City & State: New Port Richey, FL. 34653
Zip: 34653 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/20/1999

5. FEI Number: 59-3556144 ☐ Applied For ☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CAMPBELL, JOHN R	8517 OLD COUNTY RD 54	NEW PORT RICHEY FL 34653

600004677936--7
-11/14/01--01019--027
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CAMPBELL, JOHN R
8517 OLD COUNTY RD.54
NEW PORT RICHEY FL 34653

9. Name and Address of New Registered Agent

Name: JOHN R CAMPBELL
Street Address (P.O. Box Number is Not Acceptable): 8501 OLD CR 54
Suite, Apt. #, Etc.:
City: NEW PORT RICHEY State: FL Zip Code: 34653

CR2E040 (8/01)

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: JOHN R CAMPBELL SIGNATURE REQUIRED Date: 10-23-01
REGISTERED AGENT MUST SIGN

11. 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: JOHN R CAMPBELL SIGNATURE REQUIRED John R Campbell 10/23/01 (727)376-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 14,2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Division of Corporations:

We did not receive a Uniform Business Report for the year 2001. Our understanding is that we should have received one earlier in the year for $150.00. Being that we never received it we are requesting that you please send us one and abate any penalties and accept the $150.00 filing fee enclosed.

Thank you,

JR Campbell

JOHN R. CAMPBELL, INC.

PLEASE BE ADVISED THAT OUR ADDRESS IS 8501 OLD C.R. 54 - NOT 8517 OLD C.R. 54 AS SHOWN ON THIS FORM.