

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000049655

1. Corporation Name

CAMPCO TITLE COMPANY

Principal Place of Business

Mailing Address

C/O MARC H. AUERBACH, ESQ.
201 S. BISCAYNE BLVD. 20TH FLOOR
MIAMI FL 33131

C/O MARC H. AUERBACH, ESQ.
201 S. BISCAYNE BLVD. 20TH FLOOR
MIAMI FL 33131

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500024418015

11/04/03--01060--033 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1999

5. FEI Number

65-0923285

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, D MICHAEL	6100 SW 76TH ST 141 E. Center Ave., #420	MIAMI FL 33143 Winter Haven, FL 33880
VPST	CAMPBELL, HELDI L	6100 SW 76TH ST 141 E. Center Ave., #420	MIAMI FL 33143 Winter Haven, FL 33880

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AUERBACH, MARC H ESQ.
201 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Marc Auerbach
REGISTERED AGENT MUST SIGN

Date 11.22.03

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:

D. Michael Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 (863) 292-9929
Date Daytime Phone #