

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 PM 12: 03

DOCUMENT # **P99000075974**

1. Corporation Name

DOUG CAMPBELL, INC.

Principal Place of Business

9381 JUNIOR AVE.
APOPKA FL 32703

Mailing Address

9381 JUNIOR AVE.
APOPKA FL 32703



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593592683

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Douglas Campbell	9381 Junior Ave	Apopka FL 32703

200003500282--1
-12/13/00--01097--004
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, DOUGLAS M
9381 JUNIOR AVE.
APOPKA FL 32703

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/00

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.

AD

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/00
Date

407-694-0788
Daytime Phone #

CR2E040 (8-00)

- DO NOT REMOVE -

Central Property Management

190 North Westmonte Drive, Suite 100
Altamonte Springs, FL 32714

Oct. 23, 2000

Dept. of State
Divisions of Corporations
P.O. Box 6327
Tallahassee FL 32314

To Whom It May Concern:

I am in receipt of the Administration Dissolution Form and was confused as to why I received it. I was recently incorporated for the first time on Aug. 17, 1999 and was unaware of any reports that were necessary to be filled out and never received any notices in the mail. Because this was the first time and it was late in the year I had not been used to the necessary forms and still have not remembered all the items necessary to be incorporated. Enclosed please find my check for \$150.00 and the appropriate form filled out. I wish to apologize for the inconvenience and hope that you can find it possible to renew my incorporation without fees or penalties.

Sincerely

Douglas Campbell