REINSTATEMENT-01-02,

FOR PROFIT CORPORATION

FILED **UNIFORM BUSINESS REPORT (UBR)** 02 MAY -1 AM 10: 18 DOCUMENT # P990000 75974 SECRETARY OF STATE TALLAHASSEE, FLORIDA Doug Campbell Inc DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 9381 5000 3. Mailing Address 9381 Juncor Aux 500,000 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 14 State pkg <u> 59-3592683</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Bouglas CAMPBELL -- DO NOT WRITE ---(P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number in 9381 50010R IN THIS SPACE Zip Code 32703 Apopta 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Doughs CAMpbell owner SIGNATURE January 12-May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE 400005507504---05/14/02--01001--017 Campbell, Douglas 9381 Julion AJE NAME NAME STREET ADDRESS STREET ADDRESS A70pta F1 32703 CITY-ST-ZIP CITY-ST-ZIP ****300.00 ****300.00 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE

CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE

STREET ADDRESS

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NAME

TITLE

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SIGNATURE:

CITY-ST-ZIP

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NAME

Bouglas Campbell SIGN TURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

Dept. of Corporations Reinstatement Section P.O. Box 6327 Tallahassee Fl. 32314-6327

Re: reinstatement of Doug Campbell Inc.

To Whom It May Concern:

The Uniform Business Report (UBR) for year 2001 was not received in the mail. Please find enclosed the appropriate form and check as required for both the current and past year.

Douglas Campbell

Sincerely

Doc. # 7990000 75974