

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 APR 18 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101510

1. Corporation Name

CAMPUS @, INC.

Principal Place of Business

8529 South Park Circle  
#270  
Orlando, FL 32819

Mailing Address

P.O. Box 5208  
Winter Park, FL 32793

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

11/19/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Joseph P. Kubisak	8529 South Park Circle #270	Orlando, FL 32819
			400004078094--8 04/25/01 01084-026 *****900.00 *****900.00

REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Joseph P. Kubisak

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

8529 South Park Circle #270

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Kubisak, Director

Date

Daytime Phone #

WINDERWEEDLE, HAINES,  
WARD & WOODMAN, P.A.

ATTORNEYS AT LAW

MAIN TELEPHONE (407) 423-4246  
WWW.WHWW.COM

Please Reply To:  
Orlando Office

M. Deborah Fricke  
Corporate Paralegal  
Direct Dial: (407) 246-8678  
E-mail: dfricke@whww.com

April 10, 2001

VIA FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

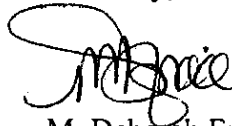
Re: Campus @, Inc.

Dear Sir or Madam:

Enclosed is the Application for Reinstatement for the above-referenced corporation together with check number 008571 in the amount of \$900 in payment of applicable reinstatement fees. Please have the corporation reinstated as soon as possible.

Should you have any questions regarding this matter, please do not hesitate to call me.

Sincerely,



M. Deborah Fricke  
Corporate Paralegal

yl  
Enclosures  
c: W. Graham White, Esq.