

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 22 PM 4:43

DOCUMENT # F97000004739

1. Corporation Name

Calaveras International Inc

2. Principal Office Address

2880 Hedcumb Bridge Rd

Suite, Apt. #, etc.

Suite B6

City & State

Alpharetta GA

Zip

Country

30022-5492

3. Mailing Office Address

2880 Hedcumb Bridge Rd

Suite, Apt. #, etc.

Suite B6

City & State

Alpharetta GA

Zip

Country

30022-5492

98-00
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-2066260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William J Johnson Jr

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

633 S. Andrews Ave.

Suite, Apt. #, Etc.

Suite 200

City

Ft. Lauderdale

State

FL

Zip Code

33301

000003299350-3

-06/21/00-01082-013

***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/25/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	Brian C Fleming	3800 BALT Ocean Dr Apt 1004	FT Lauderdale/FL/33008
CP	Greg Hall	850 Club Chase Lane	Roswell/GA/30076
DS	John J Fleming III	155 Willowbrook Dr	Roswell/GA/30076

AD

10. 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

Date

4/27/00

Daytime Phone #

770.6452911