

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

03 OCT 16 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003916

1. Corporation Name

CALIFAR SALES CORP.

Principal Place of Business

Mailing Address

15103 ELMCREST STREET
ODESSA FL 33556

15103 ELMCREST STREET
ODESSA FL 33556

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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

01/08/2002

5. FEI Number

02-0557072 (EIN)

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
DP	CALIFAR, TRACY	15103 ELMCREST STREET	ODESSA FL 33556

200023863302
10/16/03--01087--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALIFAR, TRACY
15103 ELMCREST STREET
ODESSA FL 33556

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

Tracy Califar
REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

Tracy Califar TRACY CALIFAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03
Date

813-926-0276
Daytime Phone #

CR2E040 (7/03)

TO: STATE OF FLORIDA

FROM: TRACY CALIFAR
CALIFAR SALES
15103 ELMCREST ST.
ODESSA, FL. 33556

DATE: 10-13-03

DEAR STATE OF FLORIDA:

I RECEIVED THIS WEEKEND A NOTICE OF DISSOLUTION OF MY CORPORATION, CALIFAR SALES. THIS IS A SHOCK TO ME. I AM A NEW CORPORATION OF JUST A YEAR AND A HALF. I HAVE NEVER RECEIVED ANY PAPER WORK FROM THE STATE FOR RENEWAL. WOULD YOU PLEASE CONSIDER RE-INSTATING OUR CORPORATION? MY FAMILY DEPENDS ON IT.

THANK YOU VERY MUCH.

SINCERELY:



TRACY CALIFAR
PRESIDENT AND DIRECTOR