

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 20 PM 8:14

SECRET. STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 370403

1. Corporation Name

Calitri Enterprises, Inc.

2. Principal Office Address

65 Eastview Avenue

Suite, Apt. #, etc.

City & State

Valpariso, FL

Zip

32580

Country

Okaloosa

3. Mailing Office Address

65 Eastview Avenue

Suite, Apt. #, etc.

City & State

Valpariso, FL

Zip

32580

Country

Okaloosa

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1970

5. FEI Number

59-1304074

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

James G. Freimuth

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

65 Eastview Avenue

Suite, Apt. #, Etc.

City

Valpariso

State
FL

Zip Code

32580

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

James G. Freimuth
REGISTERED AGENT MUST SIGN

Date

X 10/19/05

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
PTS	Adaline Calitri	434 Hwy 190	Niceville, FL 32578
D	Adaline Calitri	434 Hwy 190	Niceville, FL 32578

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:

Adeline F. Calitri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2005

Date

401-831-9000

Daytime Phone #