

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 93-98
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # 637143

1. Corporation Name
R. & I. MANAGEMENT OF CALANDRO INC.

98 FEB -6 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9505 INGEBORG COURT
WINDERMERE FL. 34786

200002429222-7
-02/12/98 -01083-004
*****8.75 *****8.75

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

9/24/79

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-1952398

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF REINSTATEMENT
*****8.75 *****8.75

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.S.T.O.	ROLAND LEDUC	9505 INGEBORG CRT	WINDERMERE FLORIDA 34786
D.V.P.	RALPH READE	304 TREASURE BOAT WAY	CIESTA KEY FLORIDA 34242
D.	LINDA GAUTHIER	304 TREASURE BOAT WAY	CIESTA KEY FLORIDA 34242

REINSTATEMENT 93-98
G. Alan
2/6/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. ROLAND LEDUC
9505 INGEBORG COURT
WINDERMERE FL. 34786

Name

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

Suite, Apt. #, Etc.

City

200002429222-7

-02/12/98 -01083-003

***1410.00 ***1410.00

State Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-1-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 115.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. ROLAND LEDUC

Date

2-1-98

Daytime Phone #

407-298-2043