

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000000954**

1. Corporation Name

CALIBER PROMOTIONS, INC.

Principal Place of Business

~~1530 CONSUMER CIR. #B~~
~~CORONA CA 92880~~

Mailing Address

~~1530 CONSUMER CIR. #B~~
~~CORONA CA 92880~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2000 Hammer Ave~~
Suite, Apt. #, etc.

~~2nd Floor~~

City & State
~~Norco, CA~~

Zip
~~92860~~

Country

3. New Mailing Office Address, If Applicable

~~2000 Hammer Ave~~
Suite, Apt. #, etc.

~~2nd Floor~~

City & State
~~Norco, CA~~

Zip
~~92860~~

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/2001

5. FEI Number

33-0710381

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	RYAN, DANIEL P	7675 E DANIELLE	ANAHEIM CA
V	RYAN, PAUL J	29729 BUGGYWHIP CT	CANYON LAKE CA

300021004173
06/19/03--01017--007 **908.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

6-13-03

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:

SIGNATURE REQUIRED
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-12-03

Date

909-738-8900

Daytime Phone #

CR2040 (802)