

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

.05 OCT 28 PM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002308

1. Corporation Name

CALDER DEVELOPMENT ASSOCIATES, INC.

2. Principal Office Address

812 AVIS DRIVE

Suite, Apt. #, etc.

City & State

ANN ARBOR, MI

Zip

48108

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/02/2002

5. FEI Number

38-2243374

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05

7. Name and Address of Current Registered Agent

Name

H.B. CALDER

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

3953 W KELLEY RD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

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

H.B. Calder

REGISTERED AGENT MUST SIGN

Date

10/25/05

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
P	H.B. CALDER	812 AVIS DRIVE	ANN ARBOR, MI 48108

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:

H.B. Calder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/05

Date

734-677-0056

Daytime Phone #