

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001633

1. Corporation Name

Calexico, Inc.

2. Principal Office Address - No P.O. Box #

190 S. 3rd Street

3. Mailing Office Address

Post Office Box 1909

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

Immokalee, FL

City & State

Immokalee, FL

Zip

34142

Country

USA

Zip

34143

Country

USA

REINSTATEMENT

10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2003

5. FEI Number

88-0330303

☐ 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

Santos Osornio

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

190 South 3rd Street

Suite, Apt. #, Etc.

n/a

City

Immokalee

State

FL

Zip Code

34142

700188109637
11/24/10--01023--008 **750.00

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

Santos Osornio

Date 11/22/2010

REGISTERED AGENT MUST SIGN

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
PST	Santos Osornio	190 S. 3rd Street	Immokalee, FL 34142
CD	Santos Osornio	190 S. 3rd Street	Immokalee, FL 34132

10. E-mail Address: n/a

(To be used for future annual report notification)

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. I further certify, 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:

Santos Osornio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-2010

Date

239-867-4544

Daytime Phone

11/24/10