

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 19 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000586**
1. Corporation Name
Calvin Corporation

700218963717
01/19/12--01025--007 **2558.75

2. Principal Office Address - No P.O. Box #
4132 GREEN OAK DR

3. Mailing Office Address
4132 GREEN OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA

City & State

City & State

MELBOURNE FL

SAME

Zip

Country

Zip

Country

32901

USA

SAM

SAM

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **1-25-1993**

5. FEI Number

Applied For

34-652570

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

TIMOTHY D CALVIN

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

4132 GREEN OAK DR

Suite, Apt. #, Etc.

NA

City

State

Zip Code

MELBOURNE FL

FL

32901

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

Timothy D Calvin

Date

1/13/12

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
P+T	TIMOTHY D CALVIN	4132 GREEN OAK DR	MELBOURNE, FL 32901
V	TIMOTHY D CALVIN, JR	6401 Rto 86	FAINESVILLE, OH 44077
S	CHRISTOPHER B CALVIN	22 SHALLOW CREEK COURT	FOUNTAIN INN, SC 29644

10. E-mail Address: **tdcalvin@AOL.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Timothy D Calvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/12

Daytime Phone #

321 724 6949