

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:45

**DOCUMENT #**

F95000003797

**1. Corporation Name**

Barbeaver Calore Inc.

**2. Principal Office Address**

15041 Bcke Parkway

Suite, Apt. #, etc.

Suite A

City & State

Irvine CA

Zip

92618

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 98-00**

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

8-7-95

**5. FEI Number**

95-3431529

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 CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

900003500399-6  
-12/13/00-01105-002  
\*\*\*1050.00 \*\*\*1050.00

**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

*M. J. Deutch*

REGISTERED AGENT MUST SIGN

Date

11-28-00

**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
President	Sydney Setati	15041 Bcke Parkway Suite A	Irvine CA 92618
CFO	Kevin Ralphs	15041 Bcke Parkway Suite A	Irvine CA 92618
VP/Partner	Mike Vorley	15041 Bcke Parkway Suite A	Irvine CA 92618

**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:**

*Kevin Ralphs* KEVIN RALPHS CFO.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00  
Date

(949) 597-2400  
Daytime Phone #

CR2E081 (9/99)