

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H51854

1. Corporation Name

CALCUWEIGHT INDUSTRIES, INC.

FILED

01 JAN 16 PH 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1271 101 STREET
BAY HARBOR ISLAND FL 33154
US

Mailing Address

P.O. BOX 546440
MIAMI FL 33154-0400
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
2102 N.E. 123rd St

City & State
North Miami, Fla.

Zip 33181 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2102 NE 123rd St

City & State
North Miami, Fla.

Zip 33181 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1985

5. FEI Number

59-2747138

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
PD	DUBOFF, GARY	1271 101ST STREET	BAY HARBOR ISLANDS FL
STD	DUBOFF, CARYN	1271 101ST STREET	BAY HARBOR ISLANDS FL

8. Name and Address of Current Registered Agent

GOLDEN, RICHARD A.
12000 BISCAYNE BLVD
STE 203
N MIAMI FL 33181

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.

Signature of
Registered Agent

Caryn Duboff for Richard Golden
01/11/01
REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

Caryn Duboff, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00 (305) 891-8181

CR2E040 (8/00)