COMPLETING THIS FORM

	`	PLEASE	KEAD ALL IN	SIRUCI	HONS BEL	UKE C	OMPLETI	NO III				
CCE OR N FLOR OA DEPAR MENT OF STATE Kather he Had is creation of Corporations							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 2002 AUG - 7 AM 10: 09					
CALI	on Name		usine s	ales,	1NC.							
2. Principal Office Address				3. Mailing Office Address								
P.O. BOX 36			P.O.	P.O. 00× 36								
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			4. Date Incorp To Do Busir		Qualified 6	-15-	89	
City & State City & State			ate			5. FEI Number	r			Applie	d For	
Keystone Heights			Key	Keystone Heights					3499	ļ		pplicable
Zip		Country	Zip		Country		<u>e</u>			\$8.75 Ad	ditional Fe	e required
32656			32	32656			CERTIFICATE	OF STATUS	DESIRED 🗾	for a Co	ertificate o	f Status
			a service for the first form	. Name and	Address of Curre	ent Register	ed Agent					
1		/130 pt. #, Etc.	RD CALL umber is Not Acceptate SE LAKE FONE	e_ 2 N		2 2.4	5	State	IDS 9 08/07/0 ****343 Zip Code 326		55 740 ***30	9 03 8.75
8 L being	appointed		nt of the above named	The Reserve of France	The state of the s	accept the c	obligations of sect	ion 607.05	05 or 617.05	03, F.S.		
Signature of Registered A	f	Kas	~ × ×	Q D AGENT MU	2_		managerita m	Date ₋		0-02		- W
9. Names	and Stree	Addresses of Eac	h Officer and/or Direct	or (Florida non	profit corporations	must list at le	east 3 directors)		 ,			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				Cit	y / State / Zi	p 	
DIR MOR PIES	RIC	HARIJ	CALIENDO)	30 SE	LAKE	LN	Keys	tone	Heig	hts_	32 <u>656</u>

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 filling 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.

904 806 0719

SIGNATURE:

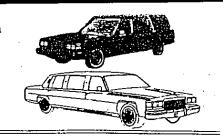
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARY CALIENDO

(417 - 294 531Z Daytime Phone # summer



904-806-0719



Caliendo funeral cars & LIMOUSINES

FloriDA Pept of State

Aug 1, 2002

ATTN: LOUISE Flemming - JACKSON

R.E ANNUAL Report / Corporate Re-INSTATEMENT

Ms. FLEMMING - JACKSON

Per our telephone conversation of July 29,02 I have enclosed said forms any payments. AS I STATED, APPARTMENTLY NOTICE & RENEWALS were mailed to 450 Stan DR, Melbourne, FI This is AN unoccupied industrial Storage warehouse with no office, we use it only for dead storage, our mailing address was box 110652 PAIM BAY that march oz, effective 3-15-02 it is Now P.O. BOX 360 Keystone Heights FI 32656 TLANK YOU FOR ASSISTING IN RESOlving this matter, Sincerely much Cal

Sellers of Dine Motorcars Since 1936

-P.O. Box 110652 -- Palm Boy, FL 32907

CALIENDO RICHARD LIMOUSINE SALES, INC.