

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 MAR 24 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO3000005034

1. Limited Liability Company's Name

CAL, LLC

CR2E041 (8/05)

2. Principal Office Address

1952 Raymond Diehl Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

Leon

City & State

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thorne Caldwell

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

1952 Raymond Diehl Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Thorne Caldwell

REGISTERED AGENT MUST SIGN

Date

3/15/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Thorne Caldwell	1952 Raymond Diehl Rd	Tall, FL 32317
VP	Diana Caldwell	1952 Raymond Diehl Rd	Tall, FL 32317
			300069051343 03/30/06--01038--024 **150.00
			REINSTATEMENT <u>04-05</u>
			<u>no penalty</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Thorne Caldwell

Date

3/15/06

Daytime Phone #

850-893-7836

Typed or printed name of signing Managing Member/Manager

Thorne Caldwell

3/24/6

To Whom it May Concern,

We (CAL, LLC) did not receive
our 2004, 2005 Notice of annual
report.

Thank You,

Angela

Bookkeeper
1952 Kaywood Dettl Rd.
Tall, FL 32308
(850) 893-7836