

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 25 PM 12:42

DOCUMENT # P00000011501

1. Corporation Name

CALLEJAS CORPORATION

2. Principal Office Address - No P.O. Box #

11651 ROYAL PALM BLVD

Suite, Apt. #, etc.

302

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Office Address

11651 ROYAL PALM BLVD

Suite, Apt. #, etc.

302

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

700181293077
05/25/10--01007--016 *\$750.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2000

5. FEI Number

65-1001806

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

GUSTAVO E SALAZAR

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

11651 ROYAL PALM BLVD

Suite, Apt. #, Etc.

302

City

CORAL SPRINGS

State

FL

Zip Code

33065

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

05/20/10

9. Names and Street Addresses of Each Officer and/or Director (Note: 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
PD	CALLEJAS, GIOVANNI	11651 ROYAL PALM BLVD #302	CORAL SPRINGS, FL 33065
VPTD	SALAZAR, GUSTAVO	11651 ROYAL PALM BLVD #302	CORAL SPRINGS, FL 33065

10. E-mail Address: gustavosalazar51@yahoo.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., 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.

SIGNATURE:

Gustavo Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/10

Date

954-471-8350

Daytime Phone #