

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035973

1. Corporation Name

CALEBSOFT SOLUTIONS. INC.

Principal Place of Business

16887 CRESTVIEW LANE  
WESTON FL 33326

Mailing Address

36 GABLES BLVD  
WESTON FL 33326

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2000

5. FEI Number

65-0997888

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

1 PSTD  
2 PERSAUD, KASHO P

3 16887 CRESTVIEW LANE

4 WESTON FL 33326

6000008636056  
10/30/02--01041--001 \*\*158.75

8. Name and Address of Current Registered Agent

PERSAUD, KASHO  
16887 CRESTVIEW LANE  
WESTON FL 33326

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Persaud Kasho*  
REGISTERED AGENT MUST SIGN

Date 10/28/02

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:

*Persaud Kasho*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 (954) 349-6830

CR2E040 (8/02)

CalebSoft Solutions Inc  
16887 Crestview Lane,  
Weston, Florida,  
33326

Oct 23rd, 2002

Department of State,  
Division of Corporations  
PO Box 6327  
Tallahassee, FL  
32314

Sir/Madam,

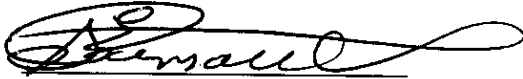
RE: CalebSoft Solutions Inc

I have received a Notice of Administrative Dissolution, Document # P00000035973. It is uncertain as to why the two prior UBR notices were not received.

I am hereby requesting a re-instatement without penalty.

Thank you for your consideration,

Sincerely,

A handwritten signature in black ink, appearing to read 'Kasho Persaud', written over a horizontal line.

Kasho Persaud.  
PSTD