PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		DEFARTMENT OF STATE	TE	FILED SECRETARY OF S DIVISION OF CORPOR		
DOCUMENT # POD 1. Corporation Name CALACO, INCOM						
	2 11 77 077	A delegan	<u> </u>	000105882		
2. Principal Office Address		3. Mailing Office Address		1 01/23/0301004017 **308.75		
5200 NW 55TH BLL Suite, Apt. #, etc.		SAME AS PRINCIPAL Suite, Apt. #, etc.			•	
104	Suite, Apr. #, 6	Suite, Apr. #, etc.		4. Date Incorporated or Qualified		
City & State	City & State	City & State		To Do Business in Florida AUG 2000		
COCONUT CREEK	FI			5. FEI Number Applied For Not Applicable		
Zip Country .	Zip	Country	— <u>65 - 1</u>			
33073 USA			CERTIFICATE		dditional Fee required Certificate of Status	
	7. Na	me and Address of Current Re	gistered Agent	• 1		
Name J. RUDOLPH LAROSE Street Address (P.O. Box Number is Not Acceptable) 5200 NW 55TH BLUD. Suite, Apt. #, Etc. 104 City Coconut Creek State Zip Code FL 33073						
8. I, being appointed the registered agent of Signature of Registered Agent			t the obligations of section	Date	0.3	
9. Namee and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
	itles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		Zip	
VP FIDELE LAROSE 5200 NW 55TH B				COCONUT CRK,	FL 33073	
PD JORKY R. LAROSE SAME					·	
		-				
		•				
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

ΞW

Dunlap, Andy

From:

corphelp

Sent:

Monday, January 27, 2003 8:39 AM

To:

Dunlap, Andy

Subject: FW: 65-1041114

Andy,

Please handle.

Jennifer
Internet Access

----Original Message----

From: Rudy Larose [mailto:mymindz@bellsouth.net]

Sent: Monday, January 27, 2003 1:50 AM

To: corphelp@mail.dos.state.fl.us

Subject: 65-1041114

Hi,

I submitted a request to be reopened and failed to include the letter needed to do that. Below, please find a copy of that letter and submit to the proper person. Thank you.

To Whom It May Concern:

Recently I spoke to one of your representatives and express to them needing to reinstate my company CALACO, Inc (65-1021114). Due to our recent move I did not receive my U.B.R. to be able to renew on time and now it is becoming more prevalent that we need to renew so that we may be able to keep in our financial status in good standing. Included with this letter is my renewal form and a check for the amount of \$300, the afore mentioned by your representative as necessary for reinstatement. My previous address was 3577 NW 32nd Ct, Lauderdale Lakes, FL 33319. My new address and phone number is: 5200 NW 55th BLVD. Suite 104, Coconut Creek, FL 33073. Telephone number 954-428-2001. Should there be any questions, please feel free to contact us. Thank you.

Sincerely Yours,
J. Rudolph Larose
President