

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000110711**

1. Corporation Name

**CALDAS, INC.**

Principal Place of Business

Mailing Address

3766 PALM BEACH BLVD.  
FT. MYERS FL 33916

3766 PALM BEACH BLVD.  
FT. MYERS FL 33916

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/2000

5. FEI Number

59-3685114

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CALDAS, GERALDO L	273 CORAL DR.	FT. MYERS FL 33906

500004687345--6  
-11/19/01--01050--005  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALDAS, GERALDO L  
3766 PALM BEACH BLVD.  
FT. MYERS FL 33916

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

GERALDO L. CALDAS REGISTERED AGENT MUST SIGN

Date

10.22.01

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 690-0459

222

CALDAS, INC.  
3766 Palm Beach Boulevard  
Fort Myers, FL, 33916

October 22, 2001

Division of Corporations  
Annual Report / Reinstatement Section  
P. O. Box 637  
Tallahassee, FL, 32314-6327

Regarding: FEI Number 59-3685114 Document# P00000110711

Dear Sirs;

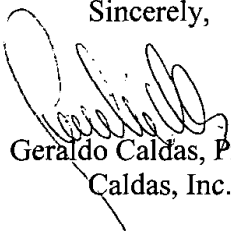
We hereby request that the Notice of Administrative Dissolution or Revocation of this corporation be rescinded for the following reason.

This corporation was chartered November 28, 2000. As a new corporation, we were unaware of such form, and as we did not receive the form in the mail, we did not file it on time.

Attached is our check, payable to Department of State, in the amount of \$150.00 for the 2001 Corporate Annual Report.

Thank you, in advance, for your prompt consideration of this oversight, and accept our apology for the form not being filed previously.

Sincerely,



Geraldo Caldas, President  
Caldas, Inc.