

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000110711

1. Corporation Name

CALDAS, INC.

Principal Place of Business

3711 Palm Beach Blvd.

3700 PALM BEACH BLVD.

FT. MYERS FL 33916

Mailing Address

273 Coral Drive

3700 PALM BEACH BLVD.

FT. MYERS FL 33916

33905

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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D Pres	CALDAS, GERALDO L	273 CORAL DR.	FT. MYERS FL 33905 33905

700008592007
10/25/02--01046--025 **150.00

8. Name and Address of Current Registered Agent

CALDAS, GERALDO L

3700 PALM BEACH BLVD. 273 Coral Drive
FT. MYERS FL 33916 33905

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geraldo L. Caldez

Date

Daytime Phone #

10-2202 2396900459

CR2E040 (8/02)

282

Caldas, Inc.
273 Coral Drive
Fort Myers, FL, 33905

October 22, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
Annual Report / Reinstatement Section
P. O, Box 6327
Tallahassee, FL, 32314-6327

Dear Sir;

We hereby respectfully request the reinstatement fee be waived as the corporation never received the original nor the two prior uniform business report notices.

The business mailing address changed, and the mail to our old address is seldom correctly forwarded.

Attached is our Application For Reinstatement, along with our corporate check in the amount of \$150.00.

Thank you, in advance, for your understanding in this matter.

Most sincerely,

Geraldo Caldas, President
Caldas, Inc.

Geraldo Caldas