FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 JUL 28 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 01000001846

1. Corporation Name
CALABRIAS INC

500022078895
08/05/03--01066--037 **1050.00

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
2955 Pineda Cswy	SAME
Suite, Apt. #, etc. #121	Suite, Apt. #, etc.
City & State Melbourne, FL	City & State
Zip 32940 Country Brevard	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1/4/01

5. FEI Number 59-3688821 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Liliana Villarreal

Street Address (P.O. Box Number is Not Acceptable): 8007 Bellflower Ct

Suite, Apt. #, Etc.:

City: Melbourne State: FL Zip Code: 32940

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: Liliana Villarreal Date: 5/2/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida 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
PRES	Liliana Villarreal	5207 Bellflower Ct	Melbourne, FL 32940
Pres	Miguel A Segura	" " "	" " "

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: Liliana Villarreal 5/2/03 321-757-1868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 7/28