

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047245

1. Corporation Name

McCalla Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

801 North F Street

Suite, Apt. #, etc.

3. Mailing Office Address

801 North F Street

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2002

5. FEI Number

36-4495961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Victoria McCalla

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

801 North F Street

Suite, Apt. #, Etc.

City
Lake Worth, FL

State
FL

Zip Code
33460

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **12/20/2007**

REGISTERED AGENT MUST SIGN

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
DPVST	Victoria McCalla	801 North F Street	Lake Worth, FL 33460

200113463822
12/28/07--01009--016 **900.00

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 contained in Chapter 119, 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:

Victoria McCalla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/2007

Date

561-827-3101

Daytime Phone #