

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000087897**

1. Corporation Name

MCCALLUM HOLDINGS, INC.

Principal Place of Business

4011 21ST AVENUE EAST
TAMPA FL 33605

Mailing Address

4011 21ST AVENUE EAST
TAMPA FL 33605



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

08/13/2002

5. FEI Number

05-0527809

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	MCCALLUM, MARK	19498 N.W. 14TH STREET	PEMBROKE PINES FL 33029
D	MCCALLUM, CHARLES	18454 EASTWICK DRIVE	TAMPA FL 33647

8. Name and Address of Current Registered Agent

FULLER, JEFFERY M
100 NORTH TAMPA STREET
SUITE 2650
TAMPA FL 33602

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

Date

REGISTERED AGENT MUST SIGN

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

Date

10-29-03

Daytime Phone # 813-222-0800

CR2E040 (7/03)

ADVANTAGE TRUCK LEASING



4011 21 ST AVE. EAST
TAMPA FL, 33605
P : 813.222.0800
F : 813.222.0801
C : 813.478.6805
WWW.ADVANTAGEDL.COM

October 29, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
ANNUAL REPORT/REINSATEMENT SECTION

To Whom It May Concern:

I called your office to find out why one of my companies was dissolved after I filled my annual report and wrote a letter at the same time of the report. I filed on 2 companies at that time and this one was dissolved. Apparently I omitted the FEIN number on the original report. The person I spoke with said that your office sent me a letter stating such or your company will be dissolved. I never received such a letter. Therefore, I am writing you today to please reinstate my company (Document# P02000087897 - FIEN# 05-0527809. Enclosed is the application for reinstatement. I am not sending any money as for I have done nothing to deserve such a penalty.

Sincerely,

A handwritten signature in black ink, appearing to read 'Charles K. McCallum', written over a horizontal line.

Charles K. McCallum
Vice President
McCallum Holding, Inc.