


pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 19 AM 8:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---

DOCUMENT # P02000088307

1. Corporation Name

CALEB VENTURES, INC.
512 SW ST. LUCIE CRESCENT
STUART, FL 34994

2. Principal Office Address

512 SW ST. LUCIE CRESCENT

3. Mailing Office Address

512 SW ST. LUCIE CRESCENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34994

Country

US

Zip

34994

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 08/12/2002

5. FEI Number

55-0792604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

12/17/03 01063 004 600.00

7. Name and Address of Current Registered Agent

Name

ALAN S. BURROUGHS

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

512 SW ST. LUCIE CRESCENT

Suite, Apt. #, Etc.

City

STUART

State
FL

Zip Code
34994

REINSTATEMENT 03-04

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

Alan S. Burroughs
REGISTERED AGENT MUST SIGN

Date 03/18/04

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
PSTD	ALAN S. BURROUGHS	512 SW ST. LUCIE CRESCENT	STUART, FL 34994
VD	DIANA SYKES	512 SW ST. LUCIE CRESCENT	STUART, FL 34994

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/04

Date

772-486-6149

Daytime Phone #

CR2E081 (01/04)

TR

pg 2 of 2

Caleb Ventures, Inc.
512 SW St. Lucie Crescent
Stuart, FL 34994
(772) 486-6149

March 18, 2003

Ms. Tina Roberts
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Caleb Ventures, Inc.
Document #: P02000088307

Dear Ms. Roberts,

As per our phone conversation today, I have completed the 'Reinstatement' application for Caleb Ventures, Inc. and attached it with this letter.


Please reinstate Caleb Ventures, Inc. as soon as possible. The State of Florida already has \$600.00 credited against my account awaiting proper forms (attached) to complete this process. Please use these funds to pay fees associated with 2003 and 2004.

I would like a 'Certificate of Status' also. Please deduct this from the \$600.00.

I would like the remaining funds refunded.

Your prompt attention in this matter would be greatly appreciated.

Yours truly,


Alan S. Burroughs, President