

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105698

1. Corporation Name

CALCUTTA CONSTRUCTION & DEVELOPMENT, INC.

149 S WOODLAND STREET
P.O. BOX 246

2. Principal Office Address

149 S WOODLAND STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 246

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

OCOE, FL

Zip

34787

Country

US

Zip

34761

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida: 9-27-02**

5. FEI Number
65-1184033

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

PETER L. LATTNER, JR.

Street Address (P.O. Box Number is Not Acceptable)
16902 WINTER ROAD

Suite, Apt. #, Etc.

City

MONTVERDE

State
FL

Zip Code
34756

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 10-13-04

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
D	PETER L. LATTNER, JR.	16902 WINTER ROAD	MONTVERDE, FL 34756
D	JOHN K. BUTLER	3 DELAWARE STREET	OCOE, FL 34761
D	JOHN A. CLINGER	10173 CLARCONA OCOEE ROAD	APOPKA, FL 32703

100041937841
10/18/04--01061--004 **150.00

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 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

JOHN K. BUTLER 10-13-04 407-654-3777

Date

Daytime Phone #

2022

CALCUTTA CONSTRUCTION & DEVELOPMENT, INC.
P.O. Box 246
OCOE, FL 34761

October 13, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please find enclosed a Corporation Reinstatement Form for the year 2004, and a check in the amount of \$150.00 for the annual fee.

After speaking with a representative of your office, I learned that the original Annual Report form, mailed to the corporation in January 2004, had been returned to your office via the United States Postal Service. I'm not sure why this happened, but the result was that I never received the form. Now the corporate status of Calcutta Construction & Development, Inc. has been dissolved, and reinstatement is necessary.

Due to the mix-up in the delivery of our Annual Report form, I request that you waive the \$750.00 reinstatement fee, and accept this Corporation Reinstatement form and payment as being timely filed.

I thank you for your assistance in this matter.

Sincerely,



Peter L. Latner, Jr.
Director