

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000128864

1. Corporation Name

CABALL AERO, INC.

Principal Place of Business

~~P.O. BOX 208~~
ODESSA FL 33556

Mailing Address

~~P.O. BOX 208~~
ODESSA FL 33556

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
18002 McKinnon Rd
City & State
Odessa, FL
Zip
33556 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
18002 McKinnon Rd
City & State
Odessa, FL
Zip
33556 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2002

5. FEI Number

81-0587476 041562

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
P	GARCIA, GARY A	18002 MCKINNON ROAD	ODESSA FL 33556
D	GARCIA, GARY A	18002 MCKINNON ROAD	ODESSA FL 33556

609023758086
10/13/03--01066--015 **150.00

8. Name and Address of Current Registered Agent

GARCIA, GARY A D.V.M.
18002 MCKINNON ROAD
ODESSA FL 33556

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

REGISTERED AGENT MUST SIGN

Date

10/8/03

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

Daytime Phone #

10/8/03

88-920-1417

CR2E040 (7/03)

Gary A. Garcia, D.V.M.

P. O. Box 268 • Odessa, FL 33556

Appt. (813) 920-1417 • Emerg. (813) 968-0755

10/8/03

Dear Ms. Hood

Re: Caball Aero. Inc.

After a careful search of all my mail and my entire office I was unable to locate any prior UBR notifications, mail to our PO Box is frequently delayed or lost. For this reason I am submitting a new address.

Please accept my apologies for this delinquency. Enclosed is the filing fee. If you feel that further penalties be levied please contact me.

Thank you

Gary A. Garcia, D.V.M.