

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 030000 55742

1. Corporation Name

CALA D & C, INC

2. Principal Office Address

5838 COLLINS AVE

3. Mailing Office Address

5838 COLLINS AVE

Suite, Apt. #, etc.

11-A

Suite, Apt. #, etc.

11-A

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

33140

Country

US

Zip

33140

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/2003

5. FEI Number

NONE

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

MARIA J. SANZ

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

5838 COLLINS AVE

Suite, Apt. #, Etc.

11-A

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date 4/10/06

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	MARIA J. SANZ	5838 COLLINS AVE #11A	MIAMI BEACH / FL / 33140
			B.C. / 20/06
			REINSTATEMENT 04-06

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

305 861 2838

Daytime Phone #

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April 10th, 2006

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

As per my recent conversation with you, please find enclosed the Corporation Reinstatement form of CALA D & C, Inc as well as a \$450 check to reinstate the corporation.

As I mentioned during today's phone conversation, I did not file the company Annual Report in the past as I never received the certificates. When I incorporated the corporation I hired an accounting firm to help me with all these matters as I'm far from being an expert. They told me that they would take care of all legal requirements. They prepared my tax filings every year and they were also supposed to do these filings. However, this week they notify me about this situation. They were also supposed to change my business address but they did not do that. That's why I never receive your mail.

I'd highly appreciate if you could proceed to reinstate my corporation as spoken over the phone.

Please feel free to contact me by mail, email (majosanz@gmail.com) or by phone (305.861.2838 / 305.300.2808)

Sincerely.



Maria J. Sanz