

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000129035

1. Entity Name
JOSEPH CALI, INC.



FILED
Nov 30, 2005 8:00 A.M.
Secretary of State

Principal Place of Business
330 MYRTICE AVE., UNIT 66
MERRITT ISLAND, FL 32953 US

Mailing Address
270 MONTEGO BAY COURT
MERRITT ISLAND, FL 32953 US

2. Principal Place of Business

3. Mailing Address



REINSTATEMENT
11282005 REIN.P. CR2E098 (6/04) 05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
14-3549386

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALI, JOSEPH
270 MONTEGO BAY COURT
MERRITT ISLAND, FL 32953

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CALI, JOSEPH
270 MONTEGO BAY COURT
MERRITT ISLAND, FL 32953

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/2005 301-213

Date Daytime Phone # 4033

B. Mitchell NOV 30 2005