

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000129035

1. Corporation Name

Joseph Cali Inc.

2. Principal Office Address - No P.O. Box #

270 Montego Bay Ct

Suite, Apt. #, etc.

3. Mailing Office Address

270 Montego Bay Ct

Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

FL

Zip

32953

Country

BREVARD

Zip

32953

Country

BREVARD

4. Date Incorporated or Qualified  
To Do Business in Florida

11/7/03

5. FEI Number

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

Joseph Cali

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

270 Montego Bay Ct.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/14/2010

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
<u>President</u>	<u>Joseph Cali</u>	<u>270 Montego Bay Ct</u>	<u>Merritt Island FL</u> <u>32953</u>

10. E-mail Address: www.josephcali@hotmail.com

(To be used for future annual report notification)

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, I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Cali (321 213 4033) 4/14 2010

Date

Daytime Phone #

321-213 4033