1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -4 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000130821

1. Corporation Name

Calima Financial, Inc.

REINSTATEMENT 04-07
CR2E031 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1007 N Federal Hwy	
Suite, Apt. #, etc.: suite #217	Suite, Apt. #, etc.
City & State: Fort Lauderdale	City & State
Zip: 33304 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/13/2003

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ☐

7. Name and Address of Current Registered Agent

Name: Edgar Santos

Street Address (P.O. Box Number is Not Acceptable): 1007 N Federal Hwy

Suite, Apt. #, Etc.: Suite #217

City: Fort Lauderdale State: FL Zip Code: 33304

☑ 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: _____ Date: 10/01/2007

REGISTERED AGENT MUST SIGN

9A. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Edgar Santos	1007 N Federal Hwy, #217	Fort Lauderdale, FL 33304
VP	Edgar Santos	1007 N Federal Hwy, #217	Fort Lauderdale, FL 33304
Tres	Edgar Santos	1007 N Federal Hwy, #217	Fort Lauderdale, FL 33304
Sec	Edgar Santos	1007 N Federal Hwy, #217	Fort Lauderdale, FL 33304

10. I certify that I am an officer or director of 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 reserved/prior name 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 that all of the 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 all signatures shall have the same legal effect as if made under oath.

SIGNATURE: EDGAR SANTOS 10/1/07 (954)766432

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DESIGNATED OFFICER OR DIRECTOR — Date — Daytime Phone #

2/2

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000246887 3)))

H07000246873ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Attn: Michelle Milligan

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

File these Simultaneously

File 1st

Penalty Fee Waived

CORPORATION REINSTATEMENT

CALIMA FINANCIAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,200.00~~

$ 600.00

Electronic Filing Menu Corporate Filing Menu Help