

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 PM 3:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000145911

1. Corporation Name

DONALD CALVERT FRAMING, INC.

900089981569
03/02/07--01003--028 **308.75

REINSTATEMENT 06-02

CR2E081 (1/07)

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

1856 BAY GROVE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1856 BAY GROVE ROAD

Suite, Apt. #, etc.

City & State

FREEPORT, FLORIDA

City & State

FREEPORT, FLORIDA

Zip

32439

Country

USA

Zip

32439

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/03

5. FEI Number

200651243

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

DONALD CALVERT

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

1856 BAY GROVE ROAD

Suite, Apt. #, Etc.

City

FREEPORT

State

FL

Zip Code

32439

☒ 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

Donald Calvert

REGISTERED AGENT MUST SIGN

Date 2/9/07

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
CRA/ PRESIDENT	DONALD CALVERT	1856 BAY GROVE ROAD	FREEPORT, FLA. 32439

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:

Donald Calvert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07

Date

850
880-6078

Daytime Phone #