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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 11:59

DOCUMENT # P04000030227

1. Corporation Name

CALFA, INC.

2. Principal Office Address

9321 Huntington Park Way

3. Mailing Office Address

9321 Huntington Park Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip
33647

Country
Hillsborough

Zip
33647

Country
Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

February 16, 2004

5. FEI Number

20-5229445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

James A. Harbor

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

1795 Huntington Park Way

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33647

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

8-16-06

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 |
|--------|--------------------------------------|---|--------------------|
| P | James A. Harbour | 9321 Huntington Park Way | Tampa, FL 33647 |
| VP | Scarlet M. Harbour | 9321 Huntington Park Way | Tampa, FL 33647 |
| | | | |
| | | | |
| | | | |
| | | | |

000080364520
09/28/06--01041--014 **300.00

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

Date

Daytime Phone #

8-16-06

813-569-9968

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July 18, 2006

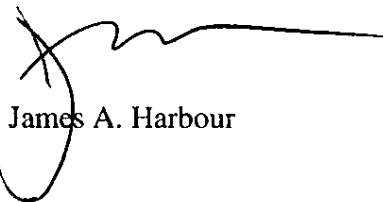
To Whom It May Concern:

I, James A. Harbour, am writing to request reinstatement and wavier of penalty fees of my corporation, CALFA, INC. as I never received any notices or correspondence regarding my corporation.

Attached you will find my application for reinstatement. I am enclosing a check for \$300.00 to cover the Annual Report Fees of \$150.00 for 2005 and \$150.00 for 2006.

I humbly request that the State of Florida reinstate CALFA, INC. and waive the penalty Fees for 2004.

Sincerely,



James A. Harbour

\$300.00