

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000040828

1. Corporation Name

CALIXTE FINANCIAL SERVICES, INC.

2. Principal Office Address - No P.O. Box #
2550 W. COLONIAL DR

Suite, Apt. #, etc.
408

City & State
ORLANDO, FLORIDA

Zip Country
32804 USA

3. Mailing Office Address
2550 W COLONIAL DR

Suite, Apt. #, etc.
408

City & State
ORLANDO, FLORIDA

Zip Country
32804 USA

000355587280
11/23/20--01014--009 **1550.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 05/01/2015

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
CALIXTE SAINARICK

Street Address (P.O. Box Number is Not Acceptable)
2550 W. COLONIAL DR

Suite, Apt. #, Etc.
408

City State Zip Code
ORLANDO FL 32804

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 11/13/2020

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	SAINARICK CALIXTE	2550 W. COLONIAL DR STE 408,	ORLANDO, FL 32804

NOV 09 2021
S. YOUNG

10. E-mail Address: sainsarick2018@yahoo.com

(To be used for future annual report notification)

11. 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 reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

11/13/2020

407-470-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #