

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 3:07

DOCUMENT # P94060093603

1. Corporation Name

CALICO CATTLE CO.

W00 - 13830

2. Principal Office Address

1219 AYRSHIRE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1219 AYRSHIRE ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32803

Country

U.S.

City & State

ORLANDO, FL

Zip

32803

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

12-27-94

5. FEI Number

59-3297949

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

ROBERT DREW DAVIS

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

1219 AYRSHIRE ST.

Suite, Apt. #, Etc.

300003327643-4

-07/19/00--01036--027

****815.00 ****815.00

City

ORLANDO

State

FL

Zip Code

32803

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 4-26-00

REGISTERED AGENT MUST SIGN

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	ROBERT DREW DAVIS	1219 AYRSHIRE ST.	ORLANDO, FL 32803

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 under section 119.07(3)(i), 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:

ROBERT DREW DAVIS 4-26-00

407-894-9743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

PS292

Callico Cattle Company
1219 Ayrshire Street
Orlando, Florida 32803
(407) 894-9743

March 29, 2000

Florida Department of State
Divisions of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

My accountant has been preparing my tax return for 1999 and discovered that I had not paid my annual corporate filing fee. Since I never received notice of this payment, it was mistakenly overlooked. I have enclosed a check in the amount of \$150 for the annual filing fee. If I can be of further assistance, please do not hesitate to contact me at the above address or phone number. Thank you for your time in this matter.

Sincerely,



Drew Davis
President

RDD/jmk