

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 29 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015094

1. Corporation Name

Calclean, Inc.

2. Principal Office Address

4176 Tamiami Trail N.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-23-96 XX

5. FEI Number

650591409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

David Spencer

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

4176 Tamiami Trail N.

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34103

700004077767-7
-04/25/01--01080--001
***1050.00 ***1050.00

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

David Spencer

REGISTERED AGENT MUST SIGN

Date

3-25-01

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
PSD	David Spencer	420 Cove Tower Dr #504	Naples, FL 34110
VD	Louis Cannistraro	460 Fox Haven Way	Naples, FL 33962
D	James Zografos	9 Rockledge Road	Naples FL 34103

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:

David Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-01

Date

(941) 435-0982

Daytime Phone #

CR2E081 (9/00)