

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 15 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074602

1. Corporation Name

CALI ENTERPRISES INC.

Principal Place of Business

Mailing Address

3571 W 73 Terrace
Hialeah, Fl. 33018

3571 W 73 Terrace
Hialeah, Fl. 33018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3571 W 73 Terrace

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip

33018

Country

3. New Mailing Address, If Applicable

3571 W 73 Terrace

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip

33018

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/95

5. FEI Number

65-0610961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Carlos A. Plaza	3571 W 73 Terrace	Hialeah, Fl. 33018
			600002322036--5
			10/16/97 01060 002
			***915.00 ***915.00
			REINSTATEMENT 96-97
			A. Alvarez
			10/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Carlos A. Plaza

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

3571 W 73 Terrace

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33018

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Carlos A. Plaza

REGISTERED AGENT MUST SIGN

Date 10-14-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made on oath.

SIGNATURE:

Carlos A. Plaza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos A. PLAZA
PRESIDENT

Date

Daytime Phone #

10/14/97