

96-97 AR

pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT OF STATUS

Florida Department of State  
Division of Corporations

DOCUMENT # **P95000082125**

1. Corporation Name  
**CALP INTERNATIONAL INC.**

Principal Place of Business  
**6000 Park of Commerce Blvd  
Boca Raton, FL 33487**

Mailing Address  
**POB 810487  
Boca Raton, FL 33481**

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**Oct. 17, 1997**

5. FEI Number  
**65-0619805**

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PR	Lynn Hayden	15560 82nd Terrace N. Palm Beach Gardens, FL	300002192723--8 -05/28/97--01018--010 ***373.75 ***373.75

8. Name and Address of Current Registered Agent  
**Peter Rose  
2101 North Andrews Ave  
Suite 200  
Fort Lauderdale, FL 33311**

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code

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 *Peter Rose* Date **5/20/97**  
REGISTERED AGENT MUST SIGN

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 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: *Lynn Hayden* **Lynn Hayden** **May 20, 1997** **(561) 241-7876**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)

CALP INTERNATIONAL, INC.  
P.O. Box 810847  
Boca Raton, Florida 33481

pg. 2062

May 20, 1997

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

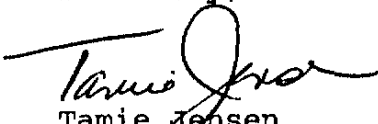
Department of State:

Per my conversation with Amy of the Division of Corporations, I am enclosing this letter with our application of reinstatement for Calp International Inc. Amy told me that we should have received an Annual Report in January 1996, a late notice in May 1996 for not filing the Annual Report and a notice of dissolved corporation in August 1996. Calp International Inc. never received any of these forms for the year of 1996. I have repeatedly left messages on the voice mail requesting an Annual Report form since February 1997. At this point, I had to call and request to speak to someone directly, and Amy was kind enough to mail me a form.

Due to these circumstances, Amy told me to enclose a check only for \$365.00, representing the 1996 Annual Report fee and the 1997 Annual Report fee, plus the \$8.75 for Certificate of Status.

If you have any questions, please do not hesitate to call me.

Sincerely,

  
Tamie Jensen  
Controller