

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085847

1. Corporation Name

Bancalf Investment Corporation

2. Principal Office Address - No P.O. Box #

251 Crandon Blvd. #707

Suite, Apt. #, etc.

Key Biscayne, FL 33149

City & State

Zip

Country

USA

3. Mailing Office Address

251 Crandon Blvd. #707

Suite, Apt. #, etc.

Key Biscayne, FL 33149

City & State

Zip

Country

USA

7. Name and Address of Current Registered Agent

Name

Maria C. Arriola Velez

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

35 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/1995

5. FEI Number

65-0696218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/22/2007

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/D	Maria L. de Lopez	251 Crandon Blvd. #707	Key Biscayne, FL 33149
S/D	Antonio Lopez Ramirez	251 Crandon Blvd. #707	Key Biscayne, FL 33149

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 contained in Chapter 119, 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:

M. Arriola de Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/07

Date

Daytime Phone #

07 NOV -2 AM 10:49

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11/2

2/2

October 22, 2007

Department of State
Division of Corporations

RE: Bancalf Investment Corporation
Document # P95000085847

Dear Sir/Madam:

Please accept this letter as our request for waiver of the \$600.00 reinstatement fee for the captioned corporation. It appears the registered agent, whose mailing address appeared in the corporate records, moved and the forwarding order expired. Thus, we failed to receive any notices for payment of annual report fees.

Bancalf Investment Corporation

By: M. L. De Lopez
Maria L. De Lopez, President