

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # P96000079047

1. Corporation Name

The Calcour Group, Inc.

1520 Land O Lakes Boulevard
SAME

2. Principal Office Address

1520 Land O Lakes Boulevard

Suite, Apt. #, etc.

Tropical Village, Suite A

City & State

Lutz, FL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33549

Country

USA

Zip

Country

300039257473
07/16/04--01056--002 **908.75

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 1996**

5. FEI Number
593408914

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

Buddy D. Ford, P.A.

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

115 North MacDill Avenue

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33609

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

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
PD	Raymond E. Olivier	21910 Hale Rd	Land O Lakes, FL 34639
VD	Tammy M. Olivier	21910 Hale Road	Land O Lakes, FL 34639

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)(f), 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:

Tammy M. Olivier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/8/04

Daytime Phone #

(813) 948-9086

CR2E081 (01/04)