

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000001052

1. Corporation Name

CALIGUIRE & ASSOCIATES, INC.

Principal Place of Business

6773 LAS COLINAS CT
LAKE WORTH FL 33463

Mailing Address

6773 LAS COLINAS CT
LAKE WORTH FL 33463

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

01/06/1997

5. FEI Number

65-0738277

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	4 City / State / Zip
D	CALIGUIRE, RACHEL	6773 LAS COLINAS CT	LAKEWORTH FL 33463

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

RACHEL CALIGUIRE

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

6773 LAS COLINAS COURT

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



02 DEC -2 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

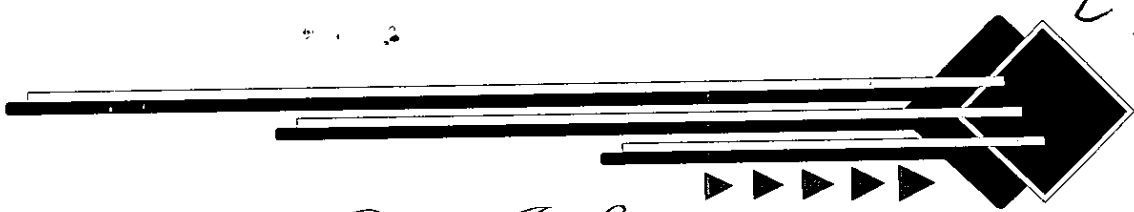
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Barry J. Staum
Certified Public Accountant

1515 University Drive
Suite 115
Coral Springs, FL 33071
Phone: (954) 344-3662
Fax: (954) 340-6859

November 18, 2002

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement - Caliguire & Associates Inc.
P97000001052

To Whom It May Concern:

On behalf of our client, enclosed please find an Application for Reinstatement. Our client, Caliguire & Associates Inc. has never received the Uniform Business Report for 2002.

Upon realizing the client never received the form, we filed a blank form with the appropriate information, along with a check for \$150 (copy enclosed). Please waive all penalties, interest and reinstatement fees.

Please do not hesitate to contact me if you have any further questions.

Thank you in advance for your time and consideration in this matter.

Sincerely,

Barry Staum

BS:rs
Enc.