

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000085110

1. Corporation Name

CALEXICO, INC. TRUST ESTATE

Principal Place of Business

180 SOUTH THIRD STREET
IMMOKALEE FL 34142

Mailing Address

PO BOX 1909
~~180 SOUTH THIRD STREET~~
IMMOKALEE FL 34142
34143

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 8:26



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

2. New Principal Office Address, If Applicable

PO BOX 1909

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

IMMOKALEE FL

City & State

Zip

34143

Country

Colombia

Zip

Country

REINSTATEMENT

95

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1998

5. FEI Number

65-0884733

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OSORNIO, SANTOS N	POST OFFICE BOX 1909	IMMOKALEE FL 34143

000003026640--7
-10/27/99--01078--009
****750.00 ****750.00

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSORNIO, SANTOS N
190 SOUTH THIRD STREET
IMMOKALEE FL 34142

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Santos N Osornio

REGISTERED AGENT MUST SIGN

Date 10-12-99

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:

Santos N Osornio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99

Date

941-657-5355

Daytime Phone #