

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064170

1. Corporation Name

CALI MIO, INC.

2. Principal Office Address

8271 West Sunrise Blvd

Suite, Apt. #, etc.

City & State

Plantation, Fl

Zip  
33322

Country

USA

3. Mailing Office Address

8271 West Sunrise Blvd

Suite, Apt. #, etc.

City & State

Plantation, Fl

Zip  
33322

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/20/99

5. FEI Number

65-0934753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900005022549--0

-02/27/02--01009--014

\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

Martin M. Garcia

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

8271 West Sunrise Blvd

Suite, Apt. #, Etc.

City

Plantation,

State  
FL

Zip Code

33322

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 01-30-02

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
D	Martin M Garcia	8271 West Sunrise Blvd	Plantation, FL 33322
D	Jose D. Garcia	8271 West Sunrise Blvd	Plantation, Fl 33322

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)(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

MARTIN M GARCIA

Date

01-30-02

Daytime Phone #

954 15778018

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FELIPE R. RUIZ

CERTIFIED PUBLIC ACCOUNTANT  
CERTIFIED FAMILY MEDIATOR  
8390 W. FLAGLER STREET, SUITE 219  
MIAMI, FL. 33144  
TEL. (305) 552-9048  
FAX. (305) 559-4094  
EMAIL:FRUIZCPA@AOL.COM

January 24, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Cali Mio, Inc.  
Doc #: P99000064170

Please note, the above referenced taxpayer completely moved its offices from 161 Granada Ave Weston, Fl 33326 to 8271 West Sunrise Blvd Plantation, Fl 33322. Upon preparing the year end financial and tax reports, our firm discovered that the taxpayer never received it's annual report for 2001.

The taxpayer is enclosing the annual fee. It is not their intentions to file late; therefore. We respectfully request that you accept the 2001 Uniform Business Report as timely filed.

If you need any additional information regarding this matter feel free to call.

Sincerely,



Felipe R. Ruiz

Under penalty of perjury, I declare that I have examined the above statement including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.



Martin M. Garcia, President