


**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

**FILED
Jul 22, 2005 8:00 A.M.
Secretary of State**

DOCUMENT # P03000071082
1. Entity Name
CAS HOLDINGS, INC.



Principal Place of Business
2575 ULMERTON ROAD
SUITE 210
CLEARWATER, FL 33762

Mailing Address
2575 ULMERTON ROAD
SUITE 210
CLEARWATER, FL 33762

2. Principal Place of Business
4909 S.W. 95th Terrace

3. Mailing Address
Same as other

Suite, Apt. #, etc.

City & State
Gainesville FL

City & State

Zip
32608

Country
USA



07202005 REIN-P CR2E098 (6/04)

4. FEI Number
510477512

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHRS, DENIS A
2575 ULMERTON ROAD
SUITE 210
CLEARWATER, FL 33762

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHRS, CARY O 2575 ULMERTON ROAD #210 CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D 4909 S.W. 95th Terrace Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500057787125 07/22/05--01016--001 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cary O. Cohrs President 7/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #