

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2011-2014		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 14 OCT -7 AM 8:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # J56416				
1. Corporation Name C.A.S. Auto, Inc.				
2. Principal Office Address - No P.O. Box # 109-C Half Moon Circle <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 109-C Half Moon Circle <small>Suite, Apt. #, etc.</small>		
City & State Jupiter, FL		City & State Jupiter, FL		
Zip 33458	Country USA	Zip 33458	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida February 27, 1987		5. FEI Number 592775233		
6. CERTIFICATE OF STATUS DESIRED		Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of Current Registered Agent		500265138415 10/07/14--01007--002 **1200.00		
Name Catherine Lee Steveson				
Street Address (P.O. Box Number is Not Acceptable) 109 C Half Moon Circle <small>Suite, Apt. #, Etc.</small>				
City Jupiter		State FL	Zip Code 33458	
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 <u><i>Catherine Lee Steveson</i></u> Date <u>10/1/14</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN as Personal Representative of the Estate of Charles P. Steveson:</div>				
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	
P	Catherine Lee Steveson	109 C Half Moon Circle	Jupiter, FL 33458	
VP	Catherine Lee Steveson	109 C Half Moon Circle	Jupiter, FL 33458	
T	Catherine Lee Steveson	109 C Half Moon Circle	Jupiter, FL 33458	
10. E-mail Address: <u>cmp@pigott-law.com</u> <small>(To be used for future annual report notification)</small>				
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
SIGNATURE: <u><i>Catherine Lee Steveson</i></u>		Date <u>10/1/14</u> 561-575-2280		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		