

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG 20 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K21381

1. Corporation Name

CASA SERVICES, INC.

2. Principal Office Address - No P.O. Box #

201 South Biscayne Boulevard

3. Mailing Office Address

201 South Biscayne Boulevard

Suite, Apt. #, etc.

Suite 1500 (LAD)

Suite, Apt. #, etc.

Suite 1500 (LAD)

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

US

Zip

33131

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1988

5. FEI Number

65-0065624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

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

201 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 1500 (LAD)

City

Miami

State

FL

Zip Code

33131

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

By:

Cavell J. Anderson Assistant Secretary

Date

08/17/2012

400238691224
08/21/12--01001--003 **1085.00

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/D	Salvador Paiz del Carmen	11010 NW 30 Street, #104, GUA-277	Doral, FL 33172
VP/S	Sergio Paiz del Carmen	11010 NW 30 Street, #104, GUA-277	Doral, FL 33172
S	Luis A. de Armas	201 South Biscayne Boulevard, Suite 1500	Miami, FL 33131

10. E-mail Address: **CAnderson@Shutts.com**

(To be used for future annual report notification)

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:

[Signature]

Luis A. de Armas, Secretary

8-17-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #