

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 17 AM 8:44

DOCUMENT # L07791

1. Corporation Name

CASREB ENTERPRISES, INC

300078983873
08/22/06--01019--006 **900.00

REINSTATEMENT

01-06

CR2E081 (12/05)

2. Principal Office Address

951 SW 17 STREET

3. Mailing Office Address

951 SW 17 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

Zip
33486

Country
USA

Zip
33486

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1989

5. EFL Number

650140506

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

NICHOLAS REBOLI

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

951 SW 17 STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33486

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

Nicholas Reboli
REGISTERED AGENT MUST SIGN

Date 07/31/2006

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
PT	NICHOLAS REBOLI	951 SW 17 STREET	BOCA RATON, FL 33486
VS	FILIPPA CASOLA REBOLI	951 SW 17 STREET	BOCA RATON, FL 33486

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 contained in Chapter 119, 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:

Nicholas Reboli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/31/2006

Date

Daytime Phone #

(561) 347-1685

Present

To: Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

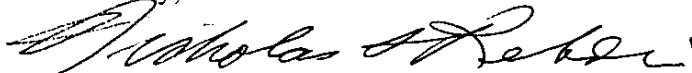
From: Casreb Enterprises, Inc
C/O Nicholas Reboli
951 SW 17th Street
Boca, Raton, FL 33486
FEIN#65-0140506
Doc#L07791

RE: Reinstatement of Corporation and filing fees

-----To Whom It May Concern:-----

I am mailing you the reinstatement form for Casreb Enterprises, Inc. I was working with my accountant and discovered that the corporation has been inactive since the year 2001. I have not received any annual reports. I have moved to the above address. Please accept the filing fees for the years 2001 through 2006 of \$900.00

Sincerely,



Nicholas Reboli
Corporate President