PLEASE READ AL NSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1998 FEB -2 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22009

1. Corporation Name S. CASADO, INC.

MIAMI
Principal Place of Business

7905 S.W. 161ST
MIAMI, FL 33157
Mailing Address

W98-2187

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State —	City & State —
Zip — Country —	Zip — Country —

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified To Do Business In Florida 10-10-89

Last Report 12-10-96

FEI Number 65-0148804

Appl. For
Not Available

CERTIFICATE OF STATUS DESIRED ☐ $ .75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Salvador Casado	7905 SW 161 ST	MIAMI, FL 33157
Secr.	Ela Casado	7905 SW 161 ST	MIAMI, FL 33157

200002421762--0
-02/04/98--01110--001
***1050.00 ***1050.00

REINSTATEMENT 96-98 168 2PP

8. Name and Address of Current Registered Agent

ELA CASADO
7905 SW 161 ST
MIAMI, FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Appointed Agent X Ela Casado Date 1-29-98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 617.0101, F.S., and that all fees owed by the corporation have been paid. 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: X Ela Casado D/S/T 1-29-97 (305) 252-4626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #