PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # M80059



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ı	1. Corporation Name	
	CASCO SERVICES, INC.	
	· ·	

,	Name	Conrad A. Shra		nd Address of Current Reg	stered Agent	
Zip 34689 Country Pinellas		34689	Country Pinellas	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
Tarpon Springs, FL		Tarpon Springs, FL		5. FEI Number 59–2903278	Applied For Not Applicable	
City & State		City & State		4. Date Incorporated or Qualified To Do Business in Florida 5/10/1988		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
2. Principal Office Address 153 E. Oakwood Street		3. Mailing Office Address 153 E. Oakwood Street		PENNSTATEMEN	102-04	

7. Name and Address of Current Registered Agent				
Name Conrad A. Shrader				
Street Address (P.O. Box Number is Not Acceptable)				
3509 Seaway Drive Suite, Apt. #, Etc.				
City New Port Richey	State FL	Zip Code 34652		

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 REGISTERED AGENT MUST SI

Date 4/13/2004

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	Conrad A. Shrader	3509 Seaway Drive	New Port Richey, FL 34652
S/T	Heather L. Patton	6448 Butte Avenue	New Port Richey, FL 34653
		41	 1003289382 4 704-01004-013-***490,75
		U9710	
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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 filling 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 under section 119.07(3)(i), 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.

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guest U. Shrader Conrad A. Shrader

4/13/2004

(727) 942–1888

Date

Daytime Phone #



April 13, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Waiver of Reinstatement Fee CASCO SERVICES, INC. Corporation #M80059

and a Charle

We did not receive our Corporation Annual Report for 2002 due to a change in our corporation mailing address. We request that the reinstatement fee be waived.

We have enclosed a completed Corporation Reinstatement Form and a check in the amount of \$458.75 for the currently due 3 years (2002 - 2004) plus the fee for a Certificate of Status.

Yours truly,

Conrad A. Shrader,

President