

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 18 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000063145

1. Corporation Name

CASBOC INC

2. Principal Office Address

1101 West North Blvd

Suite, Apt. #, etc.

1

City & State

LEESBURG FL

Zip

34748

Country

USA

3. Mailing Office Address

1101 West North Blvd

Suite, Apt. #, etc.

1

City & State

LEESBURG FL

Zip

34748

Country

USA

000004926440--1
-02/14/02--01061--012
****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2000

5. FEI Number

☒ 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

Pat Cassalisspro

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

1101 West North Blvd

Suite, Apt. #, Etc.

1

City

LEESBURG

State

FL

Zip Code

34748

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

[Signature]

Date 1/14/02

REGISTERED AGENT MUST SIGN

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
D	Cassalisspro, Pat	1101 West North Blvd	LEESBURG FL 34748
D	BOLCAGROSSA, PIANO	4700 ORCHARD	DEARBORN MI 48126
D	BEGAN, DEBNA	2713 LONISNY DR.	LEESBURG FL 34748

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/14/02

Date

(352)

516-7682

Daytime Phone #

CR2E081 (9/01)

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PAT CASALASPRO
1101 WEST NORTH BLVD # 1
LEESBURG FL. 34748

Dear FLORIDA DEPARTMENT OF STATE:

I am writing this letter on behalf of the (6) six Florida Corporations I have had with the state for the last 12 years. I have just found out that the Corporations have been dissolved. I never received the reinstatement forms to keep them current. I looked up on the web to find out what I should do it says to write a letter and enclose \$300.00 to reinstate the corporations. I have had these corporations for a long time and hope I can have them reinstated. I think part of the problem is the address I think the whole address has to be spelled out like I did in the start of the letter. I thank you for your attention to this matter and I will enclose my phone number to reach me at (352) 516-7682. I thank you again.

PAT CASALASPRO
1101 west north blvd #1
LEESBURG FL 34748