

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000063145

1. Corporation Name

Casbocc, Inc.

2. Principal Office Address

1101 West North Blvd.

Suite, Apt. #, etc.

#1

City & State

Leesburg, Florida

Zip

34748

Country

USA

3. Mailing Office Address

1515 E. Silver Springs

Suite, Apt. #, etc.

Blvd.

Suite 128

City & State

Ocala, Florida

Zip

34470

Country

USA

FILED

04 FEB -6 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/01/03 90829 47 180
300027653343
01/27/04--01016--022 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/2000

5. FEI Number

59-3676511

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

George Ortiz

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

1515 East Silver Springs Boulevard

Suite, Apt. #, Etc.

Suite 128

City

Ocala

State

FL

Zip Code

34470

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

George Ortiz

REGISTERED AGENT MUST SIGN

Date

2/4/04

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/P/T VP/S/	Pat Casalaspro	1101 W. North Blvd, #1	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:

Pat Casalaspro
Pat Casalaspro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/04

Daytime Phone #

(852)
516-7682

CR2E081 (10/02)

Psyewitz

January 20, 2004

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

Re: Casbocc, Inc.
Document No. P00000063145
FEI: 59-3676511

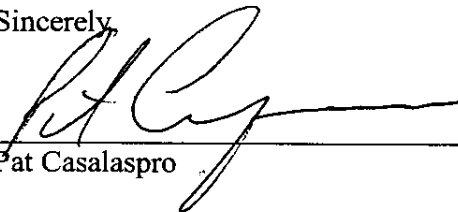
Dear Sir or Madam:

According to your records, the 2003 Corporate Annual Report was timely submitted on behalf of the above referenced corporation; furthermore, the \$150.00 fee was cashed on May 16, 2003. Notwithstanding, the web site documents state the corporation was administratively dissolved on September 19, 2003, for failure to submit an annual report. No notification of any kind was received concerning any potential reporting problems.

Based on the foregoing, it is respectfully requested the late fee for 2004 be waived. You will find enclosed a completed Corporation Reinstatement form, along with Check #1135 in the amount of \$158.75 representing the 2004 fee and Certificate of Status fee. If the waiver is not extended, kindly advise the undersigned so the balance of any sums due and owing may be immediately issued and/or appropriate action may be taken to otherwise reinstate the corporation to active status.

Thank you in advance for your assistance.

Sincerely,


Pat Casalaspro

ISO
Enclosure