

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**OPURE**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 PM 12:29

DOCUMENT # **P00000098255**

1. Corporation Name

**CASA ENCANTADA, INC.**

Principal Place of Business

Mailing Address

14301 S.W. 74TH TERRACE  
MIAMI FL 33183

14301 S.W. 74TH TERRACE  
MIAMI FL 33183



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

09-13-01 90046 022 \$550.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

EIN 65-104 8576 211912 3 2

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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 3	City / State / Zip 4
D	MENENDEZ, JOSE A	14301 S.W. 74TH TERRACE	MIAMI FL 33183

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENENDEZ, JOSE A  
14301 S.W. 74TH TERRACE  
MIAMI FL 33183

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 Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/15/01

11. 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:

JOSE A. MENENDEZ

10/15/01

Date

Daytime Phone #

CR2E040 (8/01)

**JOSE A. MENENDEZ**

14301 S.W. 74 Terrace  
Miami, Florida 33183-2903

Tel. (305) 386-9235  
Fax (305) 385-8251  
E-mail: Jamenco@aol.com

Miami, October 16, 2001

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

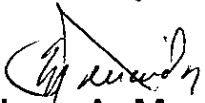
I am herewith returning the "2001 Uniform Business Report", for Casa Encantada Inc., #P00000098255, which I understand was returned because the FEI number was missing. This number is:

    IEN 65-1048576 211912 3 2.

For your information the enclosed 2001 Uniform Business Report was mailed Priority Mail on September 10<sup>th</sup>, 2001, (see enclosed post office receipt) and probably because of the events of 9/11 did not arrive by September 12<sup>th</sup>, 2001.

Should you require any further information, please let me know.

Sincerely,



Jose A. Menendez  
Casa Encantada Inc.

*CHECK FOR \$550. = WAS ALREADY MAILED ON SEPT 10/01  
WITH THE ORIGINAL FILING.*