

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004106

1. Corporation Name

CASACLUB INTERNATIONAL, INC.

Principal Place of Business

20225 NE 34TH CT #512
AVENTURA FL 33180

Mailing Address

20225 NE 34TH CT #512
AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1920 G HALLANDALE BCH BLVD, SUITE 509

City & State
HALLANDALE, FL

Zip Country
33009 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 509

City & State
HALLANDALE, FL

Zip Country
33009 USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2001

5. FEI Number

65-1093635

Applied For

Not Applicable

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	ZERBIB, ISAAC	20225 NE 34TH CT #512	AVENTURA FL 33180

700009090887
11/20/02--01010--010 **150.00

8. Name and Address of Current Registered Agent

SHAPIRO, IRA R
16375 NE-18TH AVENUE SUITE 225
NORTH MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

DANIEL BENGIO

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

2525 N-STATE ROAD 7, -

Suite, Apt. #, Etc.

115

City

HOLLYWOOD

State

FL

Zip Code

33021

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/13/02

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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02 954-4555717

CR2040 (8/02)



HOFFMAN, LEVY, BENGIO & COHEN, PL
Certified Public Accountants and Consultants

2525 N. STATE ROAD 7 • SUITE 115
HOLLYWOOD, FL 33021
TEL: (954) 966-1141 • FAX: (954) 966-2474

November 12, 2002

Uniform Business Report
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: CasaClub International, Inc.

To Whom It May Concern:

Enclosed please find a copy of the UBR for 2002 for Casaclub International, Inc., as well as a check for \$150.00 for the fee for the year 2002.

The corporation changed addresses during 2002 and consequently, the owner did not get the original UBR to renew the corporation.

At this time, we respectfully request that you waive the late penalties and accept the enclosed check as full payment. Should you have any questions, please do not hesitate to contact me at 954-966-1141 x-222.

Thanking you in advance,

Sincerely,

Daniel Bengio, CPA

Encl.