

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

~~REINSTATEMENT~~

DOCUMENT # P01000012481

1. Corporation Name

ACASA, INC.

Principal Place of Business

880 STATE RD A1A, SUITE 5
PONTE VEDRA BEACH FL 32082

Mailing Address

880 STATE RD A1A, SUITE 5
PONTE VEDRA BEACH FL 32082

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

5. FEI Number

59-3099206

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HORNE, ALLEN M	880 STATE RD A1A, SUITE 5	PONTE VEDRA BEACH FL 32082
VST	HORNE, CAROLYN	880 STATE RD A1A, SUITE 5	PONTE VEDRA BEACH FL 32082

400008829654
11/06/02-01073-015 **150.00

8. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 S THIRD ST
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 NOV -8 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002 UBR

CR2E040 (8/02)

2022

11/5/02

Per our phone conversation.

I never received notification or billing
for the renewal.

Thank you —

Allen McNamee