

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000027988

1. Entity Name
LUIS S. CASO, INC.



06 OCT 12 9:24

SEC. TALLANT

Principal Place of Business
5920 JOHNSON ST
HOLLYWOOD, FL 33021

Mailing Address
5920 JOHNSON ST
HOLLYWOOD, FL 33021

[Handwritten Signature]



10112006 REIN-P CR2E098 (11/05) 2006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1109841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASO, LUIS S
15472 S.W. 151 ST.
MIAMI, FL 33196

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CASO, LUIS G ☐ Delete
STREET ADDRESS 15472 S.W. 151 ST.
CITY - ST - ZIP MIAMI, FL 33196

TITLE ☐ Change ☐ Addition
NAME 100081305431
STREET ADDRESS 10/30/06--01003--008
CITY - ST - ZIP **150.00

TITLE VP
NAME CASO, LUIS S JR ☐ Delete
STREET ADDRESS 9304 SW 75TH ST
CITY - ST - ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #