

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -9 AM 11:36

DOCUMENT # P01000041325

1. Corporation Name

CASCAIS, INC.

2. Principal Office Address

2466 Ambassador Ave.

Suite, Apt. #, etc.

City & State

Spring Hill, Florida

Zip

34609

Country

usa

3. Mailing Office Address

2466 Ambassador Ave.

Suite, Apt. #, etc.

City & State

Spring Hill, Florida

Zip

34609

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2001

5. FEI Number

65/1119394

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

Bonnie Belchior

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

2466 Ambassador Ave.

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

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

Bonnie Belchior

REGISTERED AGENT MUST SIGN

Date

11/14/03

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 |
|--------|--------------------------------------|---|-----------------------|
| P | Bonnie Belchior | 2466 Ambassador Ave. | Spring Hill, FL 34609 |
| V | Jose Belchior | 2466 Ambassador Ave. | Spring Hill, FL 34609 |
| T | Yvonne Haines | 123 Highland Ave. | Lake Como, FL 32157 |
| S | Sharon McRee | 3109 Dothan Ave. | Spring Hill, FL 34609 |
| | | | |
| | | | |

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:

Bonnie Belchior

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/03 (859) 340-0138

Daytime Phone #

CR2E081 (10/02)