2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000088977

1. Entity Name
SU CASA GROUP CORPORATION

FILED
06 OCT 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~601 ROBERTA AVE~~ ~~MAITLAND, FL 32794-0712~~ ~~ORLANDO, FL 32803~~	PO BOX 940712 MAITLAND, FL 32794-0712

05112006 REIN-P CR2E098 (11/05) 05 06

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
125 E. WOODLAND DR	SAME	59-3748580	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: SANFORD, FL	City & State		
Zip: 32773 Country: SEMINOLE	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROVES, NANCY A ~~601 ROBERTA AVE~~ ~~MAITLAND, FL 32794-0712~~ ORLANDO, FL 32803	Name: NANCY A. GROVES Street Address (P.O. Box Number is Not Acceptable): 125 E. WOODLAND DR City: SANFORD FL Zip Code: 32773

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: _____ JUN 12, 2006 / OCT 13, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID, DOROTHY A P.O. BOX 940712 MAITLAND, FL 327940712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400109094054 10/19/06--01009--002 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROVES, NANCY Y A P.O. BOX 940712 MAITLAND, FL 327940712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~DIAL, ANN~~ ~~423 OLIVER DR~~ OUT ~~WINTER PARK, FL 32789~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NANCY JANE BUSTAMANTE GROVES 649 TUSKAWILLA PT. LN WINTER SPRINGS, FL	~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/23	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____ June 12, 2006 / Oct 13, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date / Daytime Phone #