

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -7 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000097563

1. Corporation Name
Casablanka Contractors, Inc

2. Principal Office Address
25805 Belle Helene

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Leesburg FL

City & State

Zip Country
34748 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
09/21/02

5. FEI Number Applied For
59-3753197 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
Maria Siciliano

Street Address (P.O. Box Number is Not Acceptable)
25805 Belle Helene

Suite, Apt. #, Etc.

City
Leesburg

State Zip Code
FL 34748

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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
Maria Siciliano

Date
06/06/02

REGISTERED AGENT MUST SIGN

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
Ms	Maria Siciliano	25805 Belle Helene	Leesburg FL 34748

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: Maria Siciliano Maria Siciliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/06/02 (352) 728 1556
Date Daytime Phone #

CR2E081 (8/01)

Casablanka Contractors, Inc.

25805 Belle Helene, Leesburg, FL 34748 - Phone (352)728-1556 Fax: (352)728-4060 Email: casablanka@email.com

Florida Department of State

June 6th, 2002

Katherine Harris

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Ref: Reinstatement of Corporation

EIN: 59-3753197

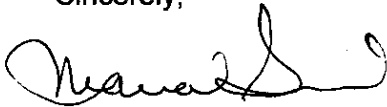
Dear Sirs,

The following letter is to inform your office that I never received my application to reinstate my corporation, and did not realize it until recently during a meeting with my accountant.

I spoke with one of your staff members yesterday, who instructed me to advise your office in writing of the circumstances and to request a waiver of the penalty. I respectfully request your utmost consideration on waiving this penalty. At the present time this penalty is a detrimental financial hardship.

If you have any questions, please do not hesitate to contact me at 352-728-1556.

Sincerely,



Maria Siciliano