


2005 FOR PROFIT CORPORATION REINSTATEMENT

P2 1/2

FILED
05 DEC 12 PM 4:11
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041674	
1. Entity Name A-CASA REALTY, INC.	

Principal Place of Business 3712 W EUCLID AVE TAMPA, FL 33629	Mailing Address 3712 W EUCLID AVE TAMPA, FL 33629
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



11302005 REIN-P CR2E098 (6/04)

4. FEI Number 27-0008624	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANJARRES MCCREARY, CRISTINA M 3211 SWANN AVE # 1102 TAMPA, FL 33609

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANJARRES-MCCREARY, CRISTINA M 3211 SWANN AVE # 1102 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. Roberts DEC 13 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900062098209 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/12/05--01041--003 ***150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date: 12/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

10 24 2

A-CASA REALTY INC.
CRISTINA MANJARRES MCCREARY
LIC. REAL ESTATE BROKER
3712 EUCLID AVE .W
TAMPA, FL 33629
TEL: 813-244 9560 FAX 813-839-5946

RE: A-CASA REALTY INC.
FEI NO. 27-0008624

OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

ATT: REINSTATMENTS

DEAR SIRs:

ENCLOSED IS THE FORM TO REINSTATE ~~THE~~ THE ABOVE REFERENCED
CORPORATION, AND OUR CHECK FOR THE \$150.00 FOR THE FEE.

WE REQUEST THAT THE ADDITIONAL FEE OF \$400.00 (TOTAL \$550) BE
WAIVED BECAUSE WE NEVER RECIVED THE ORIGINAL FORM.

EVIDENTLY THE POSTCARD MUST HAVE BEEN LOST. IN THE FUTURE
PLEASE SEND US THE FORM ITSELF TO THE ABOVE ADDRESS AND
OMIT SENDING THE POSTCARD

Thank you,

CRISTINA MANJARRES MCCREARY