

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 ANNUAL REPORT

DOCUMENT # P02000041674

1. Corporation Name

A-CASA Realty, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 15 AM 9:53

2. Principal Office Address

3712 WEVELIA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3712 WEVELIA AVE

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

Zip

33629

Country

Zip

33629

Country

800068558398  
03/24/06--01004--030 \*\*150.00  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/17/2002

5. FEI Number

27-0008624

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

MANJARRES-McCREARY, CRISTINA

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

3211 SWANN AVE #1102

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

REGISTERED AGENT MUST SIGN

Date

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	MANJARRES-McCREARY CRISTINA.	3211 SWANN AVE #1102 TA.	Tampa, FL 33609

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 contained in Chapter 119, 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:

*Cristina McCreary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/06 813 2449560

Daytime Phone #