

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062139

1. Corporation Name

CASA LA FOLLA, INC.

Principal Place of Business

Mailing Address

233 E NEW HAVEN AVE
MELBOURNE FL 32901

233 E NEW HAVEN AVE
MELBOURNE FL 32901



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3735290

Not Applicable

Zip

Country

Zip

Country

32937

USA

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/O/C	LISA M. Dutcher	255 Landings Rd	Melbourne Beach, FL 32951

200024332802

10/31/03--01052--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUTCHER, USA
255 LANDINGS RD
MELBOURNE BCH FL 32951

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/03

11. 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:

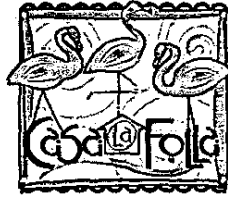
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/03 321 863 4424

CR2E040 (7/03)



October 27, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I recently received an application for reinstatement from the Florida Department of State. The packet indicated that if the original UBR had not been received that I could include the completed application for reinstatement, UBR filing fee, and this letter stating I did not receive the UBR.

Enclosed is a check for \$150.00 for reinstatement of Casa La Folla, Inc., FEI Number 59-3735790. If you have any questions or I need to provide anything additional you may contact me at 321-863-4424. I noted my correct mailing address on the application for reinstatement. Thank you for your immediate assistance with this.

Sincerely,

Lisa M. Dutcher
P/O/C
Casa La Folla, Inc.