

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
NOV 10 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098958

1. Corporation Name

CASA ESPANA USA, INC.

2. Principal Office Address

13000 NW 9 LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33182

Country

USA

3. Mailing Office Address

13000 NW 9 LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33182

Country

USA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

09-12-2002

5. FEI Number

27-0030037

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

JORGE C. AGET

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

13000 NW 9 LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

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

(X) [Signature]

REGISTERED AGENT MUST SIGN

Date 11/4/04

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.D.	JORGE C. AGET	13000 NW 9 LANE	MIAMI, FL 33182

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:

(X) [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/04

Daytime Phone #

CR2E081 (01/04)

15 282

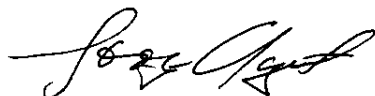
Florida Department of State
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Department:

-- Enclosed is a check in the amount of \$150.00. --

Please be advised that I did not receive the annual report registration card for the renewal of my corporation, Casa España USA Inc. This is the first time that I did not receive it and my corporation was formed in 2002. I am pleading that you please absolve the penalty charges. Thank you.

If you have any questions don't hesitate to contact me.



Jorge C. Aget
President
305-774-6535