

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

05 MAR -7 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000015346					
1. Corporation Name CASA BONITA HOME BUILDERS COMPANY, INC. P03000015346					
2. Principal Office Address 205 SOUTH 1st Suite, Apt. #, etc.			3. Mailing Office Address 119 JEFFERSON AV Suite, Apt. #, etc.		
City & State IMMOKALEE FL			City & State IMMOKALEE FLA		
Zip 34142		Country U.S.A		Zip 34142	
				Country U.S.A	

REINSTATEMENT 04-05

MRD

4. Date Incorporated or Qualified To Do Business in Florida		2-7-03	
5. FEI Number 01-0766970		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒		\$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Spiegel E Utrera, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 2nd St.			
Suite, Apt. #, Etc. 4th Floor			
City Miami		State FL	Zip Code 33145

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 		Date 3/3/05	
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
PRESIDENT	JESUS MONTECONEGO	119 Jefferson Ave.	Immokalee, FL 34142
V. PRES.	LEONOR MONTECONEGO	119 Jefferson Ave.	Immokalee, FL 34142
SECRETARY	LICKEN DANIELLE CHAVEZ	4405 Meriham Dr.	Immokalee, FL 34142
TRO	Camilo Chavarria	709 Broward St	Immokalee, FL 34142
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)(b), 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: 		3-2-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	

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Request for Waiver of Fee

Casa Bonita Home Builders Company, Inc.
119 Jefferson Ave.
Immokalee, FL 34142

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

To Whom it May Concern:

As president of Casa Bonita Home Builders Company, Inc. I hereby request a waiver of the reinstatement fee for said company because we did not receive our reinstatement notices. I have enclosed the application and a check in the amount of \$308.75.

Thank You,


Jesus Montelongo
President

