2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000015346

709 BROWARD ST

IMMOKALEE, FL 34142

Address:

City-St-Zip:

FILED Oct 09, 2007 Secretary of State

Entity Name: CASA BONITA HOME BUILDERS COMPANY, INC.					
Current Pi	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	H 1ST STREE EE, FL 34142	T			
Current Mailing Address:			New Mailing Address:		
	RSON AVE EE, FL 34142				
FEI Number:	01-0766970	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			1633 W FLAGLER ST		
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GRACE MOLINA				10/09/2007	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MONTELONGO 119 JEFFERSO IMMOKALEE, F	ON AVE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MONTELONGO 119 JEFFERSO IMMOKALEE, F	ON AVE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CHAVEZ, RICK 4905 MERIHAN IMMOKALEE, F	/I DR	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	FRO () CHAVARRIA, C) Delete AMILO	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JESUS MONTELONGO Ρ 10/09/2007