## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000102031

FILED Nov 01, 2004 Secretary of State

Entity Nar	me: CASA DI	BELLA, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1591 HAYL FORT MYE	LEY LANE ERS, FL 33919	)		5252 SUMMERLIN BLVD. FT. MYERS, FL 33919	
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
1591 HAYLEY LANE FORT MYERS, FL 33919			10 S.E. 10TH AVE CAPE CORAL, FL 33	10 S.E. 10TH AVE CAPE CORAL, FL 33990	
FEI Number:	: 06-1708819	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
CAPE COI	H AVENUE RAL, FL 33990		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF					
Election Car	ce with s. 607.19 npaign Financing	ic Signature of Registered Ac 3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ).	not receive the prior notice.	Date  ES TO OFFICERS AND DIRECTORS:	
OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D () NOBILE, JOHN 10 SE 10TH AV CAPE CORAL,	ENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () NOBILE, CONN 10 SE 10TH AV CAPE CORAL,	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CONNIE NOBILE D 11/01/2004