


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000087804		
1. Entity Name CASEY AUTO SALES, INC.		

Principal Place of Business 20855 N. E. 16TH AVE #C11 NORTH MIAMI, FL 33179	Mailing Address 502 WADLEIGH AVE WEST HEMPSTEAD, NY 11552
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2. Principal Place of Business	3. Mailing Address 20855 N.E. 16TH AVE #C11
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State North Miami, FL	City & State North Miami, FL
Zip 33179	Country USA

6. Name and Address of Current Registered Agent YOSSEF, LEVI N E 16TH AVE C11 NORTH MIAMI, FL 33179	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVI, YOSSEF 20855 N.E. 16TH AVE #C11 NORTH MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060547246 10/12/05--01048--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 10 7 05 Daytime Phone #: 954 868 2986

FILED
05 OCT 28 35 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. Roberts OCT 31 2005

REINSTATEMENT 2005
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA