

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 15 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000088987

1. Corporation Name

CASALINDA Realty INC

2. Principal Office Address - No P.O. Box #

7308 SW 82ST

Suite, Apt. #, etc.

A114

City & State

MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

7308 SW 82ST

Suite, Apt. #, etc.

A114
~~7308 SW 82ST~~

City & State

MIAMI, FL

Zip

33143

Country

USA

100155987991
05/15/09--01003--003 **608.75

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2005

5. FEI Number

20-3047710

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

VIVIAN FERNANDEZ

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

7308 SW 82ST

Suite, Apt. #, Etc.

A114

City

MIAMI

State

FL

Zip Code

33143

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/11/09

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
PD	VIVIAN FERNANDEZ	7308 SW 82ST #A114	MIAMI, FL 33143
VD	GUILLERMO ESCALONA	337 E 42ST	Hialeah, FL 33013

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO ESCALONA

Date

5-11-2009

Daytime Phone #

305

746 4193