

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 23 AM 11:33

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000092983

1. Entity Name
KASAS JAX INC

Principal Place of Business 5701 PARKSTONE CROSSING DR JACKSONVILLE, FL 32258	Mailing Address 5701 PARKSTONE CROSSING DR JACKSONVILLE, FL 32258
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2. Principal Place of Business 13080 shallowater Rd <small>Suite, Apt. #, etc.</small>	3. Mailing Address 13080 shallowater Rd <small>Suite, Apt. #, etc.</small>
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10172006 REIN-P CR2E098 (10/18/06)

City & State Jacksonville FL	City & State Jacksonville FL	4. FEI Number 203124859	Applied For <input type="checkbox"/> Not Applicable
Zip 32258	Country USA	Zip 32258	Country USA

6. Name and Address of Current Registered Agent

WIND, ROCIO A
5701 PARKSTONE CROSSING DR
JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent

Name
Wind, Rocio A

Street Address (P.O. Box Number is Not Acceptable)
13080 shallowater Rd

City
Jacksonville FL Zip Code
32258

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: *[Signature]* **Oct 18 2006**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIND, ROCIO A 5701 PARKSTONE CROSSING DR JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wind, Rocio A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacksonville FL 32258 13080 shallowater Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZ RANGEL, ESTEBAN <input checked="" type="checkbox"/> Delete 8343 HOGAN RD APT 38 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600081124136 10/23/06--01062--007 **198.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ MORALES, ROSANIO <input checked="" type="checkbox"/> Delete 4500 BAYMEADOWS RD APT 89 JACKSONVILLE, FL 32217	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	<i>M 10/26</i> <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 exemptions contained 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 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: *[Signature]* **Rocio A Wind** **Oct 18, 06** **635-0848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #