


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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

2. Principal Place of Business  
13080 shallowater Rd  
Suite, Apt. #, etc.

3. Mailing Address  
13080 shallowater Rd  
Suite, Apt. #, etc.

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip  
32258

Country  
USA

Zip  
32258

Country  
USA

FILED  
06 OCT 23 AM 11:33

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



10172006 REIN-P CR2E098 (10516)

4. FEI Number  
203124859

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

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

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	D PAZ RANGEL, ESTEBAN 8343 HOGAN RD APT 38 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ MORALES, ROSANIO 4500 BAYMEADOWS RD APT 89 JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wind, Rocio A. Jacksonville FL 32258 13080 shallowater Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081124136 10/23/06--01062--007 **198.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  DATE Oct 18, 06 (904) 635-0848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #