

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 NOV 26 AM 9:29

RECEIVED
FLORIDA DEPARTMENT OF STATE
NOV 26 2008

DOCUMENT # P05000097310

1. Corporation Name

Caswill Group Inc.

JD 11-26

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

8930 STATE RD. 84

Suite, Apt. #, etc.

#229

City & State

Ft. Lauderdale, FL

Zip

33324

Country

3. Mailing Office Address

4780 Ashford Dunwoody Rd.

Suite, Apt. #, etc.

Suite A, #209

City & State

Atlanta, GA

Zip

30338

Country

USA

000137571580
11/03/08--01003--019 **158.75

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida 07/11/2005

5. FEI Number
113755830

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

Star Amun

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

8930 STATE RD. 84

Suite, Apt. #, Etc.

#229

City

Ft. Lauderdale

State

FL

Zip Code

33324

☒ 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

Star Amun
REGISTERED AGENT MUST SIGN

Date 10/26/08

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
P	Chad Williamson	4780 Ashford Dunwoody Rd, S	Atlanta, GA 30338
Sec.	Chad Williamson	4780 Ashford Dunwoody Rd, S	Atlanta, GA 30338

000138367700
12/02/08--01012--011 **150.00

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:

Chad Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/08

Date

404-862-4452

Daytime Phone #