


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000153295		
1. Entity Name CASIMER SERVICES CENTER INC.		

FILED

2008 FEB 29 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6595 NW 36 ST SUITE 314 VIRGINIA GARDEN, FL 33166	Mailing Address 6595 NW 36 ST SUITE 314 VIRGINIA GARDEN, FL 33166
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2. Principal Place of Business - No P.O. Box # 175 FONTAINEBLEAU Blvd	3. Mailing Address Suite, Apt. #, etc. # 2-69
City & State Miami FL	City & State
Zip 33172	Country USA

02282008 REIN-P CR2E098 (1/07)

4. FEI Number 208044949	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VEGA, JOSE A 6595 NW 36 ST SUITE 112-1 VIRGINIA GARDEN, FL 33166	7. Name and Address of New Registered Agent Name Gonzalo Nicanor Perez Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINEBLEAU Blvd # 2-69 City Miami FL Zip Code 33172
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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 	DATE 02-28-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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	DP VEGA, JOSE A 6595 NW 36 ST, SUITE 112-1 VIRGINIA GARDEN, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gonzalo N. Perez 175 FONTAINEBLEAU BLVD # 2-69 MIAMI FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600119552386 03/06/08--01019--020 **300.00 <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	REINSTATEMENT 07-08 <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 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.	
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SIGNATURE: 	DATE 02-28-08	Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #