

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 JAN 8 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P13000083913

1. Corporation Name

**CSA Resources, Inc**

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

4367 N Federal Hwy

Suite, Apt. #, etc.

203

City & State

Ft. Lauderdale

Zip

33308

Country

USA

3. Mailing Office Address

PO Box 10426

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip

33061

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
10/11/2013

5. FEI Number

46-3855769

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

George Schroeder

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

4367 N Federal Hwy

Suite, Apt. #, Etc.

203

City

Ft. Lauderdale

State

FL

Zip Code

33308

000268148060  
02/04/15--01003--015 \*\*150.00

000268148060  
01/08/15--01020--011 \*\*750.00

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

*George Schroeder*  
REGISTERED AGENT MUST SIGN

Date 1/9/2015

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/D	G R Schroeder	4367 N Federal Hwy	Ft. Lauderdale, FL 33308

**REINSTATEMENT**

2014 + 2015  
700.00  
Due

**S. HAWKES**

JAN - 9 A.M.

**EXAMINER**

10. E-mail Address: csa\_resources@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*George R. Schroeder*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2015

202.465.4841

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2015

CSA RESOURCES, INC  
PO BOX 10426  
POMPANO BEACH, FL 33061

SUBJECT: CSA RESOURCES, INC  
Ref. Number: P13000083913

We have received your document for CSA RESOURCES, INC and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$900.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 415A00000447