

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:36

DOCUMENT # P93000001423

1. Corporation Name

KASALTA PRIVATE CLUB, INC.

Principal Place of Business

2867 NW 7 STREET
MIAMI FL 33125

Mailing Address

2867 NW 7 STREET
MIAMI FL 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1993

5. FEI Number

65-0505430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALDAO, RAIMUNDO	2865 NW 7 ST	MIAMI FL 33125
VP	VILLAS, AIDA	3410 SW 91 AVE	MIAMI FL 33135 Delete
			200009241572 11/27/02--01074--011 **750.00
			200009241572 11/27/02--01074--025 **17.50

8. Name and Address of Current Registered Agent

- VILLAS, AIDA -
- 34105 SW 91 AVE
- MIAMI FL 33135 -

9. Name and Address of New Registered Agent

Name

Raimundo Aldao

Street Address (P.O. Box Number is Not Acceptable)
2867 N. W. 7th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33125

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
RAIMUNDO ALDAO

Date November 20, 2002

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., 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 under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
RAIMUNDO ALDAO

November 20/02 305-642-6206

Date Daytime Phone #

CR2040 (8/02)