

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 AM 10:19

DOCUMENT # P93000023367

1. Corporation Name

CASAS CONSULTING, INC.

Principal Place of Business

11233 NW 62 TER
MIAMI FL 33178
US

Mailing Address

11233 N.W. 62 TERRACE
MIAMI FL 33178
US

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

03/29/1993

5. FEI Number

65-0399382

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
D	CASAS, MARIA T	11233 N.W. 62 TERR.	MIAMI FL 33178

200004741672--0
-12/27/01--01057--019
***150.00 ***150.00

8. Name and Address of Current Registered Agent

CASAS, MARIA T
11233 N.W. 62 TERR.
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

[Signature]

Date 12-10-01

REGISTERED AGENT MUST SIGN

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] MARIA TERESA CASAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-01 305 477 0424

Date

Daytime Phone #

2 of 2

CASAS CONSULTING, INC.
11233 N.W. 62 TERRACE
MIAMI, FLORIDA 33178
PH: 305-477-0424

December 10, 2001

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

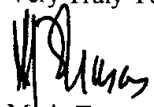
RE: CASAS CONSULTING, INC.
FEIN 65-0399382

Dear Sir or Madam:

Enclosed please find a Uniform Business Reinstatement Form for Casas Consulting, Inc. The company **never received** the UBR for 2001. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$150 for reinstatement for the year 2001.

I want to thank you for all of the help that was given me. If you have any questions, please contact me at the above telephone number.

Very Truly Yours,



Maria Teresa Casas