

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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

Handwritten initials: JCB

1. Corporation Name CASAS CONSULTING, INC.

Principal Place of Business and Mailing Address: 11233 NW 62 TER 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 3. New Mailing Office Address, If Applicable

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, CASAS, MARIA T, 11233 N.W. 62 TERR., MIAMI FL 33178

Handwritten numbers: 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

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 (Handwritten 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: MARIA TERESA CASAS 12-10-01 305 477 0424

CR2E040 (8/01)

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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

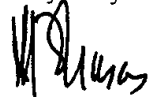
RE: CASAS CONSULTING, INC.
FEIN 65-0399382

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