•	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING-THISHFORM.		
F	CATION OF CATEMENT	LL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			AND FILED 1998 MAR -2 PM 12: 27			
DOCUMENT # 193000 44369								
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CASEY WORLD, INC.					•••			
Principal Place of Business Mailing Address								
3198 Edgewater Drive Gainesville, GA 30501								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 6/23/93		
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State		City & State			59-3195961 Not Applicable			
Zip Country Zi		Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Leg required for a Certificate of Status			
7. Names and S	treet Addresses of Each Officer and/o	r Director (Flo	,		st 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			umbers)	City / State / Z	ip	
P/D	M. Rodney Metz 3198 Edgew			ater Drive		Gainesville, GA	30501	
						, 900	9911 0011 *1208.75	
	REIN				STATEMENT			
		ļ						
Name and Address of Current Registered Agent					9. Name and A	ddress of New Registered Agent		
Robert B. White, Jr.								
Sobering, White & Luczak, P.A.					P.O. Box Number is Not Acceptable)			
•				Suite, Apt. #, Etc.				
Orlando, FL 32801				City	State Zip Code			
10. I, being appol	nted the registered agent of the above	named corpor	ation, am familiar wit	h and accept the obl	igations of Section	on 607.0505, F.S.		
Signature of Registered Agent	Robert B. White, R59	STERED AGE	NT MUST SIGN			Date <u> </u>	<i>y</i>	
	orporation owes or had ble Personal Property	s paid the	current yea	Yes 🗆	No 🍱	(See other side for in on intangible to		
this reinstatem owed by the co	am an officer or director or the receive ent application, the reason for dissolu- proration have been paid and the na flon is true and accurate, and my sign	tion has been e mes of indivi <u>du</u>	eliminated, the corpor als listed on this form	ate name satisfies th o do not qualify for ar	ie requirements d n exemption unde	of section 607 0401 or 617 0401 E.S	that all took	
0101165155					2/1	198 7707	878917	
SIGNATURE	SIGNATURE AND TOPEO OR PRINT M. Rodney Metz	ED NAME OF SH	GNING OFFICER OR D	ПЕСТОЯ ПЕСТОЯ	410	1/98 7702 Date Daytime Pr	ione #	