

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 JUN 30 AM 11:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 94000019030

1. Corporation Name

CASA GRANDE HOLDINGS, INC.

Principal Place of Business

Mailing Address

c/o Lima and Rios P.A.  
 8360 West Flagler Street  
 Suite 200  
 Miami, Florida 33144

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

2. New Principal Office Address, If Applicable

See Above

3. New Mailing Office Address, If Applicable

See Above

4. Date Incorporated or Qualified To Do Business in Florida

3-11-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0494039

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	SAMUDIO, ELISEO F.	c/o LIMA AND RIOS 8360 W. Flagler St. #200	Miami, Florida 33144

7000002231997--7  
 -07/07/97--01163--010  
 \*\*\*\*\*923.75 \*\*\*\*\*923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**ROBERT WAYNE, ESQUIRE**  
 Street Address (P.O. Box Numbers Not Acceptable)  
 1225 S.W. 87th Avenue  
 Suite, Apt. #, Etc.  
 City **Miami** State **FL** Zip Code **33174**

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

REGISTERED AGENT MUST SIGN **ROBERT WAYNE**

Date **6/25/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**E. SAMUDIO V.**

30 MAY 97

Date

<507> 612-1909

Daytime Phone #

CR2E940 (12/96)