

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 DEC 13 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019030

1. Corporation Name

CASA GRANDE HOLDINGS, INC.

Principal Place of Business

C/O LIMA AND RIOS P.A.
8360 W. FLAGLER ST., STE. 200
MIAMI FL 33144
US

Mailing Address

C/O LIMA AND RIOS P.A.
8360 W. FLAGLER ST., STE. 200
MIAMI FL 33144
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

03/11/1994

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	4 City / State / Zip
PD	SAMUDIO, ELISEO F	C/O 8360 W. FLAGLER #200	MIAMI FL 33144
			100003078241--0 -12/22/99--01071--083 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WAYNE, ROBERT ESQ.
1225 S.W. 87TH AVENUE
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name ELISEO SAMUDIO
Street Address (P.O. Box Number is Not Acceptable) 8360 W. FLAGLER
Suite, Apt. #, Etc. 200
City MIAMI State FL Zip Code 33144

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]

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11 Nov 99

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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Nov 99

Date

(305) 554-7229

Daytime Phone #