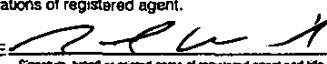
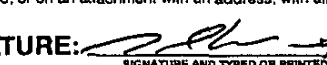


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # P94000030047			
1. Entity Name JACASA, INC.			
Principal Place of Business 4821 CLARK ROAD SARASOTA, FL 34233 US		Mailing Address 4821 CLARK ROAD SARASOTA, FL 34233 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WILDE, MARK H MR 7037 S. TAMIAHI TRAIL 7021 S. TAMIAHI TRAIL #D SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  Mark Wilde VP Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT WILDE, MARY ANN 7037 S. TAMIAHI TRAIL SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7021 S. TAMIAHI TRAIL #D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WILDE, MARK H 7037 S. TAMIAHI TRAIL SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7021 S. TAMIAHI TRAIL #D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS PALMER, DEAN 7037 S. TAMIAHI TRAIL SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7021 S. TAMIAHI TRAIL #D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400060261464 10/05/05--01059--002 **758.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Mark Wilde V.P. 10/4/05 941.921.1851 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

05 OCT -5 PM 3:17
REINSTATEMENT
T. Roberts OCT 05 2005
10042005 REIN-P CR2E098 (6/04)
65-0720135
Applied For
Not Applicable
\$8.75 Additional Fee Required
FILED
OCT -5 PM 3:17
TALLAHASSEE, FLORIDA