2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT -5 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05

T. Roberts OCT 05 2005

DOCUMENT # P94000030047

1. Entity Name
JACASA, INC.

Principal Place of Business	Mailing Address
4821 CLARK ROAD SARASOTA, FL 34233 US	4821 CLARK ROAD SARASOTA, FL 34233 US

10042005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0720135
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILDE, MARK H MR ~~7037 S. TAMIAMI TRAIL~~ 7021 S TAMIAMI TRL #D SARASOTA, FL 34231	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 10/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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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. TAMIAMI TRAIL SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7021 S TAMIAMI TRL #D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WILDE, MARK H 7037 S. TAMIAMI TRAIL SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7021 S TAMIAMI TRL #D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS PALMER, DEAN 7037 S. TAMIAMI TRAIL SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7021 S. TAMIAMI TRL # D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400060261464 10/05/05--01059--002 **758.75
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 #