

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED FORM
AND
FILED

1996 DEC 12 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000010689**

1. Corporation Name

CASSON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

690 BRIARWOOD TERRACE
FT. LAUDERDALE FL 33325

690 BRIARWOOD TERRACE
FT. LAUDERDALE FL 33325



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

02/06/1995

2964 Cherokee Rd

2964 Cherokee Rd

5. FEI Number

Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

59-2411042

Not Applicable

St Cloud

St Cloud

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

City & State

Zip

Zip

Country

Country

34772

34772

Osceola

Osceola

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

DP

CASSON, LARRY

690 BRIARWOOD TERRACE

FT. LAUDERDALE FL 33325

2964 Cherokee Rd

St Cloud, FLA. 34772

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASSON, LARRY
690 BRIARWOOD TERRACE
FT. LAUDERDALE FL 33325

Name
Casson Larry
Street Address (P.O. Box Number is Not Acceptable)
2964 Cherokee Rd
Suite, Apt. #, Etc.
St Cloud
City
" "

State
FL
Zip Code
34772

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

Larry Casson
REGISTERED AGENT MUST SIGN

Date 12/2/96

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/96

Date

Daytime Phone #