

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

690 BRIARWOOD TERRACE
FT. LAUDERDALE FL 33325

Mailing Address

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

2964 Cherokee Rd
Suite, Apt. #, etc.
St Cloud

3. New Mailing Office Address, If Applicable

2964 Cherokee Rd
Suite, Apt. #, etc.
St Cloud

City & State

FLA

City & State

FLA

Zip

34772

Country

Oseola

Zip

34772

Country

Oseola

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1995

5. FEI Number

59-2411082

Applied For
Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	CASSON, LARRY	690 BRIARWOOD TERRACE 2964 Cherokee Rd	FT. LAUDERDALE FL 33325 St Cloud, FLA. 34772
		600002035586--7 -12/20/96-01108-013	
		****375.00 ****375.00	

REINSTATEMENT

8. Name and Address of Current Registered Agent

CASSON, LARRY
690 BRIARWOOD TERRACE
FT. LAUDERDALE FL 33325

9. Name and Address of New Registered Agent

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date *12/2/96*

CR2040 (7/86)

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)(l), 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:

Larry Casson REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/96

Daytime Phone #

0062177