

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1996 DEC 18 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000022771

1. Corporation Name

CASOLA INVESTMENTS, INC.

Mailing Address

Principal Place of Business

1007 North Federal Highway, Suite 19
Fort Lauderdale, Florida 33305

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

34 N. W. 1st Avenue

3. New Principal Office Address, If Applicable

34 N. W. 1st Avenue

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0590666

Applied For

Not Applicable

City & State

Dania, Florida

City & State

Dania, Florida

Zip

33004

Country

US

Zip

33004

Country

US

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P-S-T D	ROBERT CASOLA	34 N. W. 1st Avenue	Dania, Florida 33004
			200002033552--5 -12/19/96--01032--021 ***383.75 ***383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

CHRISTOPHER J. RYAN
700 East Dania Beach Boulevard
Dania, Florida 33004

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Christopher J. Ryan

REGISTERED AGENT MUST SIGN

Date December 17, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Robert Casola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 17, 1996 (954) 926-6040

Date Daytime Phone #

CR2600 (6-94)