

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -8 AM 11:31

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083520

1. Corporation Name

CASA GRANDE PROPERTIES, INC.

2. Principal Office Address

6355 SW 8th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

Miami-Dade

3. Mailing Office Address

6355 SW 8th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

Miami-Dade

REINSTATEMENT

B 01.02

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1995

5. FEI Number

650642458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Julia, Robert

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

4211 W 7LN

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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*****900.00 ***900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Robert Julia

REGISTERED AGENT MUST SIGN

Date 1/29/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	Humberto, Esteve	901 Ponce De Leon Blvd. STE 304	Coral, Gables FL 33134

10. 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:

Humberto Esteve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

(305) 274-7447

Daytime Phone #

CR2E081 (9/01)

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