PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 19 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097990

1. Corporation Name
CASAS BRANCAS, INC.

Principal Place of Business	Mailing Address
1420 S. BAYSHORE DR SUITE 1001 MIAMI, FLORIDA 33131	1420 S. BAYSHORE DR SUITE 1001 MIAMI, FLORIDA 33131

REINSTATEMENT 98-99

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/95

5. FEI Number: 65 0640146 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	AMALIA DE LA MARIA	1420 S. BAYSHORE DR APT 1001	MIAMI, FLORIDA 33131

200002855442--4
-04/28/99--01094--015
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: AMALIA DE LA MARIA
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc: 1420 S. BAYSHORE DR STE 1001
City: MIAMI State: FL Zip Code: 33131

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: AMALIA DE LA MARIA — REGISTERED AGENT MUST SIGN Date: 03/30/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: AMALIA DE LA MARIA, PRESIDENT — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
03/30/99 Date
(305)374 1740 Daytime Phone #

CR2E081 (12/98)