PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

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

DOCUMENT # **P96000012606**

1. Corporation Name

CASA BONITA COMPANY

2. Principal Office Address	**3.** Mailing Office Address
1645 Palm Beach Lakes Blvd.	**1645 Palm Beach Lakes Blvd.**
Suite, Apt. #, etc. **Suite 1200**	Suite, Apt. #, etc. **Suite 1200**
City & State **West Palm Beach, Florida**	City & State **West Palm Beach, Florida**
Zip **33470** / County **Palm Beach**	Zip **33470** / County **Palm Beach**

4. Date Incorporated or Qualified To Do Business In Florida: **02/09/96**

5. FEI Number: **65-0645818** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **Farach, Manuel**

Street Address (P.O. Box Number is Not Acceptable): **1645 Palm Beach Lakes Blvd., Suite 1200**

Suite, Apt.#, Etc.:

City: **West Palm Beach** State: **FL** Zip Code: **33401**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0593, F.S.

Signature of Registered Agent: Manuel Farach — REGISTERED AGENT MUST SIGN — Date: **April 1, 2002**

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
D	**Bird, Michael W.**	**1040 S. Ocean Blvd.**	**Delray Beach, Florida 33483**

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 satisfied the requirements of section 607.0401 or 617.0401, F.S., that all fees owned 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: **Michael W. Bird** **04/01/02** **561-286-0191**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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5523-1195

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

CASA BONITA COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

900.00

Too much?