

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000030028

1. Corporation Name

CASABLANCA RENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

6345 COLLINS AVE.
 MIAMI BEACH FL 33141

6345 COLLINS AVE.
 MIAMI BEACH FL 33141

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

2. New Principal Office Address, if Applicable

101 N. OCEAN DRIVE

Suite, Apt. #, etc.

#15

City & State
 HOLLYWOOD FL

Zip

33019

Country

3. New Mailing Office Address, if Applicable

101 N. OCEAN DRIVE

Suite, Apt. #, etc.

#15

City & State
 HOLLYWOOD FL

Zip

33019

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/05/1996

5. FEI Number

65-0659229

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SCHECHER, RICHARD	6345 COLLINS AVE.	MIAMI BEACH FL 33141
VP	HESS, DAVID J.	6345 COLLINS AVE.	MIAMI BEACH FL 33141

100027634971
 01/27/04--01007--012 **900.00

100027634971
 06/22/04--01053--008 **900.00

REINSTATEMENT 03-04

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURTON, RICHARD
 18305 BISCAYNE BLVD #300
 MIAMI FL 33160

Name: David Hess
 Street Address (P.O. Box Number is Not Acceptable): 6345 COLLINS Avenue
 Suite, Apt. #, Etc.:
 City: Miami Beach State: FL Zip Code: 33141

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. or 617.0505, F.S.

Signature of Registered Agent

David Hess
 REGISTERED AGENT MUST SIGN

Date

2/29/04

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hess

x 1/23/04
 Date

Daytime Phone #

FILED
 04 JUN 17 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CR2E040 (7/03)