

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036861

1. Corporation Name

Prima Casa, Inc.

2. Principal Office Address - No P.O. Box #

2166 Oak Forest Lane

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34683

Country

USA

3. Mailing Office Address

2166 Oak Forest Lane

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34683

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 19, 1996

5. FEI Number

593376435

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

Joan Dvorak

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

2166 Oak Forest Lane

Suite, Apt. #, Etc.

City

Palm Harbor, Florida

State

FL

Zip Code

34683

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joan Dvorak

REGISTERED AGENT MUST SIGN

Date

Sept. 10, 2007

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
P/T	Joan Dvorak	2166 Oak Forest Lane	Palm Harbor, Florida
V/S	George R.M. Ramsay, Jr.	1572 Valley Stream Dr.	Marietta, Georgia 30062

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 contained in Chapter 119, 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

Joan Dvorak - Joan Dvorak

Date

Sept. 10, 2007

Daytime Phone #

424-5560

FILED
07 NOV 14 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *99-07*

CR2E081 (1/07)

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