

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -9 PM 3:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 797000098851

1. Corporation Name

Bancasa Inc.

REINSTATEMENT 03-04

400035555684
05/06/04--01018--032 **150.00

2. Principal Office Address

1666 Kennedy Causeway

3. Mailing Office Address

Suite, Apt., etc.

Suite 706

Suite, Apt., etc.

City & State

North Bay Village

City & State

Zip

33141

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650798180

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

Hector J. Mir

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

2655 Levene Rd. #1107

Suite, Apt., Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Hector J. Mir

Date

4/27/04

REGISTERED AGENT MUST SIGN

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
<u>PD</u>	<u>Juan Carlos Gaviria</u>	<u>1365 Bay Terrace</u>	<u>N. Bay Village FL 33141</u>

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:

Juan Carlos Gaviria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone #

(305) 864-1319

CR2E081 (01/04)

292

April 30, 2004

Florida Department of State
To Whom It May Concern

Along with these forms, We are sending you the payment of the following Corporation:

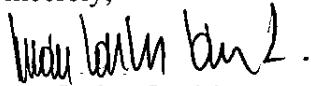
Bancasa Inc -doc# P97000098851 -tax id 650798180

This payment correspond to the years 2003-2004 of the corporation. The reason that the payment was not received on time was that the office moved and we did not received any information regarding to this matter.

The new mailing address: 1666 Kennedy Cswy. #706
North Bay Village, FL 33141

If you have any questions please do not hesitate to contact us at (305) 864-1319

Sincerely,


Juan Carlos Gaviria