

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB 10 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49800

1. Corporation Name

CASA DELTA, INC.

400065816944
02/14/06--01016--009 **450.00

REINSTATEMENT

CR2E081 (12/05)

04-060

2. Principal Office Address 6800 Avenue A		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State	
Zip 32080	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/10/92	
5. FEEL Number 59-3132319	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Barbara M. Rice	
Street Address (P.O. Box Number is Not Acceptable) 6800 Avenue A	
Suite, Apt. #, Etc.	
City St. Augustine, FL	State / Zip Code FL 32080

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 *Barbara M. Rice* Date 6 Feb. 2006

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
DP	Peter C. Einselen	6800 Avenue A	St. Augustine, FL 32080
VP	Barbara M. Rice	6800 Avenue A	St. Augustine, FL 32080

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: *Barbara M. Rice* Date 6 Feb. 2006 Daytime Phone # 904 461 9604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KRESGE, PLATT & ABARE, PLLC

CERTIFIED PUBLIC ACCOUNTANTS

1200 Plantation Island Drive South, Ste 230
St. Augustine, FL 32080
Kenneth R. Kresge, CPA
William T. Abare III, CPA, MAcc

(904) 460-0747
Fax (904) 460-0947
Benjamin L. Platt, CPA, MBA

February 6, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corporation Reinstatement
Casa Delta, Inc.
6800 Avenue A
St. Augustine, FL 32080
EIN# 59-3132319
Document # V49800

To Whom It May Concern:

Enclosed please find a completed corporate reinstatement form for Casa Delta, Inc.. We request that you waive the reinstatement fee as they never received the annual report notice in the year. Enclosed find payment for fees as follows (as indicated on your filing instructions for corporate reinstatement form):

Annual Report Fee - 2004:	\$61.25
Annual Report Fee - 2005:	\$61.25
Corporate Supplemental Fee -2004:	\$88.75
Corporate Supplemental Fee -2005:	\$88.75
Additional Fee per conversation on 2/7/06:	\$150.00

Total Payment Enclosed: \$450.00

Sincerely,



Geoff LeShane, E.A.